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| No. W 17400 | Due no later than Dec 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. JAWS, LLC ALBERT W STRICKLAND 2600 BIRDIE THOMPSON DR POCATELLO ID 83201-2741 | | ALBERT W STRICKLAND III 2600 BIRDIE THOMPSON DR POCATELLO ID 83201-2741 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER | ALBERT W STRICKLAND III | 2600 BIRDIE THOMPSON DR | POCATELLO | ID | | 83201-2741 |
| MEMBER | JANE M STRICKLAND III | 2600 BIRDIE THOMPSON DR | POCATELLO | ID | | 83201-2741 |
| 5. Organized Under the Laws of: ID W 17400 | 6. Annual Report must be signed.* Signature: awstrickland Name (type or print): awstrickland | | Date: 11/02/2016 Title: Member | | | |
| Processed 11/02/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |