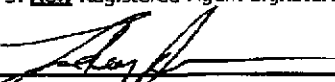
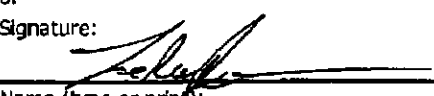


5/20/2016 W 17486

Recent account history - Bank of Idaho

Page 1 of 4

No. <b>W 17486</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>  LEROY JONES 735 YELLOWSTONE POCATELLO ID 83201																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> JONES SEW & VAC, LIMITED LIABILITY COMPANY LEROY JONES 735 YELLOWSTONE POCATELLO ID 83201																																					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Leroy A. Jones</td> <td>128 E. 15<sup>th</sup> St.</td> <td>Idaho Falls</td> <td>ID.</td> <td></td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Leroy A. Jones	128 E. 15 <sup>th</sup> St.	Idaho Falls	ID.		83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							<b>3. <u>New</u> Registered Agent Signature.</b> 
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<b>5. Organized Under the Laws of:</b>  IDAHO W 17486	<b>6. Signature:</b>  Name (type or print): Leroy A Jones			<b>Date:</b> 5/23/16 <b>Title:</b> Owner																																		

Issued 05/23/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**