No. W 2834		Due no later than Aug 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. JMJ, LLC JON L. JOHNSON 1053 E 1300 N SHELLEY ID 83274		2	2. Registered Agent and Address (NO PO BOX) JON L. JOHNSON 1053 E 1300 N SHELLEY ID 83274 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	least one Member or Manager					
Office Held	Name	ines and radicesses of a	Street or PO Address		City	State	Country	Postal Code
MANAGER	JON L. JOHNSON		1290 N. 1100 E.		SHELLEY	ID		83274
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Jon Johnson			Date: 08/17/2016			
W 2834		Name (type or print): Jon Johnson				Title: Manager		
Processed 08/17/2016 * Electronically provided signatures are accepted as original signatures.								