No. W 121455 Return to:		Due no later than Jan 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CASTJ LLC STEVEN OLSON PO BOX 213 SANDPOINT ID 83864		2	2. Registered Agent and Address (NO PO BOX) STEVEN OLSON 116 S 4TH AVE N 5 SANDPOINT ID 83864 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	STEVEN OLSON		116 S 4TH AVE N 5		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Steven Olson			Date: 11/23/2013			
W 121455		Name (type or print): Steven Olson			Title: Manager			
Processed 11/23/2013	rocessed 11/23/2013 * Electronically provided signatures are accepted as original signatures.							