No. **W 79356**	**Due no later than Nov 30, 2017** **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.** JD LAKESHORE, LLC JUSTIN M DRUFFEL 1101 E LAKESHORE DR COEUR D ALENE ID 83814	JUSTIN M DRUFFEL 1101 E LAKESHORE DR COEUR D'ALENE ID 83814 3. New 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	JUSTIN M DRUFFEL	1101 E LAKESHORE DR	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 79356**	Signature: Justin M Druffel	Date: 09/18/2017
	Name (type or print): Justin M Druffel	Title: Owner

Processed 09/18/2017

* Electronically provided signatures are accepted as original signatures.