No. W 102879		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN P BURKE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J BAR C CU CATHRYN 40 E 620 N		SHOSHONE	40 E 620 N SHOSHONE 83352 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	er Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CATHR	/N A BURKE	40 E 620 N	SHOSHONE	ID	USA	83352	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
ID	Signature:	Signature: Cathryn A Burke		Date: 04/08/2015			
W 102879	Name (typ	Name (type or print): Cathryn A Burke		Title: Agent			
Processed 04/08/2015	* Electronical	* Electronically provided signatures are accepted as original signatures.					