

|                                                                                                                                                        |            |                                                                                                                                          |            |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 95741</b>                                                                                                                                     |            | <b>Due no later than Aug 31, 2011</b>                                                                                                    |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>JOB1118, LLC<br>TOM B DORR<br>3385 N. MCGUIRE RD<br>POST FALLS ID 83854 |            | TOM DORR<br>3385 N. MCGUIRE RD<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                          |            | 3. <u>New</u> 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 |  |
| MANAGER                                                                                                                                                | TOM B DORR | 3385 N. MCGUIRE RD                                                                                                                       | POST FALLS | ID                                                    | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 95741</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Tom Dorr<br>Name (type or print): Tom Dorr<br>Date: 06/29/2011<br>Title: General Manager |            |                                                       |         |             |  |
| Processed 06/29/2011                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                |            |                                                       |         |             |  |