No. W 18432		Due no later than Mar 31, 2016 2. Registered Agent and Address (NO PO BOX			PO BOX)		
Return to:		Annual Report Form	JON L JOHNS	JON L JOHNSON			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. VEJON VENTURES, LLC JON JOHNSON PO BOX 51920		2085 HEYREND CIRCLE IDAHO FALLS ID 83402			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JON JOHNSC						
	IDAHO FALLS	IDAHO FALLS ID 83405		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JON L J	OHNSON	PO BOX 51920	IDAHO FALLS	ID		83405	
MEMBER GARY M	VEZZOSO	25256 MIDDLETON RD	MIDDLETON	ID		83644	
5. Organized Under the Laws of: 6. Annual Repor		rt must be signed.*					
ID Signature: Jus		ustin Johnson	Date: 01/21/2016				
W 18432	Name (type o	Name (type or print): Justin Johnson		Title: Business Mgr			
Processed 01/21/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					