

No. W 146607		Due no later than Jan 31, 2016 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		1. Mailing Address: Correct in this box if needed. JLCS LLC JOSHUA LYDEN 3562 E 3131 N KIMBERLY ID 83341 USA		JOSHUA LYDEN 3562 E 3131 N KIMBERLY ID 83341-8334			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOSHUA AARON LYDEN	Street or PO Address 3562 E 3131 N		City KIMBERLY	State ID	Country USA	Postal Code 83341
5. Organized Under the Laws of: ID W 146607		6. Annual Report must be signed.* Signature: Joshua Lyden Name (type or print): Joshua Lyden Date: 03/15/2016 Title: Owner					
Processed 03/15/2016 * Electronically provided signatures are accepted as original signatures.							