No. W 11604 Return to:		Due no later than Mar 31, 2014 Annual Report Form		-	2. Registered Agent and Address (NO PO BOX) GRACE E PORTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JGCL FAMILY LLC GRACE E PORTER 1000 W HARVEST MOON COEUR D ALENE ID 83815			1000 W HARVEST MOON AVE COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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
	LAURA L FIF CHRISTY J I		1826 N. SALMON RIVER 7434 BEDFORD LANE		SPOKANE VALLEY COEUR D'ALENE	WA ID	USA USA	99016 83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Grace E. Porter			Date: 01/29/2014			
W 11604		Name (type or print): Grace E. Porter			Title: Manager			
Processed 01/29/2014	* Electronically provided signatures are accepted as original signatures.							