

|  |               |   |          |  |         |             |  |
|--|---------------|---|----------|--|---------|-------------|--|
| No. <b>W 58883</b>   |               | <b>Due no later than Feb 28, 2009</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>JAMD, LLC<br>MICHELLE CLOW<br>3313 W. CHERRY LN BOX 129<br>MERIDIAN ID 83642 |          | MICHELLE CLOW<br>3313 W CHERRY LANE<br>MERIDIAN ID 83642 |         |             |  |
|  |               |   |          | 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 |  |
| MEMBER   | MICHELLE CLOW | 3313 W CHERRY BOX 129   | MERIDIAN | ID   | USA     | 83642       |  |
| MEMBER   | ANDREW CLOW   | 3313 W CHERRY BOX 129   | MERIDIAN | ID   | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 58883</b>   |               | 6. Annual Report must be signed.*<br>Signature: Michelle Clow<br>Name (type or print): Michelle Clow<br>Date: 03/15/2009<br>Title: Member     |          |  |         |             |  |
| Processed 03/15/2009   |               | * Electronically provided signatures are accepted as original signatures.   |          |  |         |             |  |