

|  |              |  |         |  |                     |
|--|--------------|--|---------|--|---------------------|
| No. <b>W 41475</b>   |              | <b>Due no later than Jul 31, 2015</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>Annual Report Form</b>  |         | CARRIE TENNY<br>457 118TH STREET<br>OROFINO ID 83544 |                     |
|  |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>J K TENNY CONST. L.L.C.<br>CARRIE TENNY<br>PO BOX 789<br>OROFINO ID 83544 |         | 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  | CARRIE TENNY | 10300 HIWAY 12   | OROFINO | ID   | 83544               |
| MANAGER  | JEFF TENNY   | 10300 HIWAY 12   | OROFINO | ID   | 83544               |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |         |  |                     |
| <b>ID<br/>W 41475</b>  |              | Signature: jktenny   |         | Date: 07/09/2015                                     |                     |
|  |              | Name (type or print): jktenny  |         | Title: mem   |                     |
| Processed 07/09/2015   |              | * Electronically provided signatures are accepted as original signatures.  |         |  |                     |