No. J 1814		Due no later than Dec 31, 2015 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		Address: Correct in this box if needed. JNTAIN RELOADING LLP COX J #11	444 E VALLE GENESEE ID	JACOB WILCOX 444 E VALLEYVIEW AVE GENESEE ID 83832 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Partnerships: Er	ter Names and Busir	ness Addresses of two (2) or more partners.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	WILCOX VA WILCOX	444 E VALLEYVIEW AVE 444 E VALLEYVIEW AVE	GENESEE GENESEE	ID ID	USA USA	83832 83832	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID Signa		Jacob Wilcox Date: 10/14/2015					
J 1814	Name (type	Name (type or print): Jacob Wilcox		Title: Partner			
Processed 10/14/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					