No. **W 119491**	**Due no later than Dec 31, 2013** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** JABBOUR 226 WEST 6TH STREET, LLC CADE KONEN 315 S ALMON ST MOSCOW ID 83843	CADE KONEN 315 S ALMON ST MOSCOW ID 83843 3. New 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	JABBORA FAMILY TRUST	315 S ALMON	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 119491**	Signature: Cade Konen Name (type or print): Cade Konen	Date: 11/25/2013 Title: Registered Agent

Processed 11/25/2013

* Electronically provided signatures are accepted as original signatures.