No. **W 90362**	**Due no later than Feb 29, 2012** **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.** JNS INSURANCE, LLC. SHERRY TAYLOR 8877 W EDGEVIEW LN EAGLE ID 83616	JEFF TAYLOR 8877 W EDGEVIEW LN EAGLE ID 83616 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	JEFF TAYLOR	8877 W. EDGEVIEW LANE	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90362**	Signature: Jeff Taylor	Date: 04/25/2012
	Name (type or print): Jeff Taylor	Title: Member

Processed 04/25/2012

* Electronically provided signatures are accepted as original signatures.