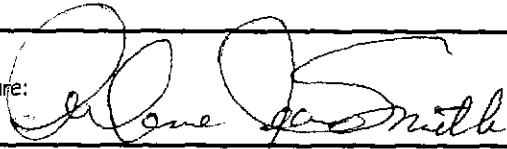


No. W 4670	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ARLENE J SMITH 613 E AVE D JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. AJHS LLC 613 E AVE D JEROME ID 83338		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Arlene Smith	613 E AVE D	Jerome	ID		83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 4670</div>	6. Signature:  <hr/> Name (type or print): <u>Arlene Jean Smith</u> <hr/> <div style="float: right;"> Date: <u>7-27-17</u> <hr/> Title: _____ </div>
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