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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|------------------------|-------------|--|
| No. <b>W 77994</b>                                                                                                                                     |              | <b>Due no later than Sep 30, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>JG CPAS, LLC<br>JARED C GRAY<br>3023 E COPPER POINT DR STE 111<br>MERIDIAN ID 83642 |       | JARED C GRAY<br>8889 W MEDITERRANEAN CT<br>BOISE ID 83709 |                        |             |  |
|                                                                                                                                                        |              |                                                                                                                                                      |       | 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 |  |
| MEMBER                                                                                                                                                 | JARED C GRAY | 8889 W MEDITERRANEAN CT                                                                                                                              | BOISE | ID                                                        | USA                    | 83709       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                    |       |                                                           |                        |             |  |
| <b>ID<br/>W 77994</b>                                                                                                                                  |              | Signature: Jared Gray                                                                                                                                |       |                                                           | Date: 07/26/2016       |             |  |
|                                                                                                                                                        |              | Name (type or print): Jared Gray                                                                                                                     |       |                                                           | Title: Managing Member |             |  |
| Processed 07/26/2016                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                            |       |                                                           |                        |             |  |