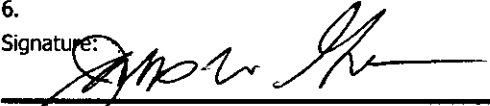


No. W 113759	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JCL ENTERPRISE LLC. CASEY CLAIR 110 E 40TH ST 4546 CHINDEN BLVD GARDEN CITY ID 83714		CASEY CLAIR 6815 FAIRVIEW AVE BOISE ID 83704 4546 CHINDEN BLVD GARDEN CITY, ID 83714																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JAMES GRAHAM</td> <td>4546 CHINDEN BLVD</td> <td>GARDEN CITY,</td> <td>IDAHO</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CASEY CLAIR</td> <td>"</td> <td></td> <td></td> <td></td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ERIN STEPHENS</td> <td>"</td> <td></td> <td></td> <td></td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JAMES GRAHAM	4546 CHINDEN BLVD	GARDEN CITY,	IDAHO		83714	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CASEY CLAIR	"				"	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ERIN STEPHENS	"				"	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 113759	6. Signature:  Date: <u>10/20/13</u> Name (type or print): <u>JAMES W GRAHAM</u> Title: <u>MEMBER</u>																																					

Issued 10/28/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM