


No. <b>W 40185</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> J KEVIN WEST 702 W IDAHO STE 700 BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> JRS PROPERTIES, LLC CAMERON KUEHNE 8119 USTICK RD. BOISE ID 83704																																					
<b>3. New Registered Agent Signature.</b>																																						
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Jamison Spencer</td> <td>315 Belles Landing</td> <td>CT</td> <td>Carry</td> <td>NC USA</td> <td>271519</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jenni Spencer</td> <td>315 Belles Landing</td> <td>CT</td> <td>Carry</td> <td>NC USA</td> <td>271519</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> <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"/>	Jamison Spencer	315 Belles Landing	CT	Carry	NC USA	271519	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jenni Spencer	315 Belles Landing	CT	Carry	NC USA	271519	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 40185</b>		<b>6. Signature:</b>  <b>Name (type or print):</b> Kyle Kunde  <b>Date:</b> 10/07/14 <b>Title:</b> Accountant																																				
Issued 10/07/2014 by online																																						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM