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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 26976</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2011</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JMH PROPERTIES, LLC<br>EMMY ROSENBERG<br>3815 WASHINGTON PKWY<br>IDAHO FALLS ID 83404<br>USA |             | JAY M HARRIS<br>3125 SPRINGWOOD LN<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                                |             | 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 |  |
| MANAGER                                                                                                                                                | JAY M HARRIS | 3125 SPRINGWOOD LN                                                                                                                                                                             | IDAHO FALLS | ID                                                         | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26976</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Jay M Harris<br>Name (type or print): Jay M Harris<br>Date: 09/13/2011<br>Title: Manager                                                       |             |                                                            |         |             |  |
| Processed 09/13/2011                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |             |                                                            |         |             |  |