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Secretary of State

03-19-2008 90145 042 ****50.00
04-24-2008 90009 009 ****88.75

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006634

1. Entity Name
JEN-TER LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1085 SADDLE RIDGE ROAD	1085 SADDLE RIDGE ROAD
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MOSCOW, ID	City & State: MOSCOW, ID
Zip: 83843-8774 / Country	Zip: 83843-8774 / Country

4. FEI Number: 02-0576804 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JENNIE M FITTIPALDI

Street Address (P.O. Box Number is Not Acceptable): 3971 GULF SHORE BLVD N., #1201

City: NAPLES FL Zip Code: 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BENDER, JENISE M
STREET ADDRESS	698 WESTRIDGE RD
CITY-ST-ZIP	AKRON, OH 44333
TITLE	MGRM
NAME	SCHNEIDER, TERRI
STREET ADDRESS	1085 SADDLE RIDGE ROAD
CITY-ST-ZIP	MOSCOW, ID 83843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CP2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Terri Schneider 3-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #