No. L 4745	Due no	Due no later than Nov 30, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Addres	Annual Report Form 1. Mailing Address: Correct in this box if needed. KLS&M FAMILY LIMITED PARTNERSHIP LINDA WILLS KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301 USA		KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
PO BOX 83720 BOISE, ID 83720-0080	2011 OAKWOOD DR TWIN FALLS ID 83							
RECEIVED BY DUE DATE								
Office Held Name		Street or PO Address	(City	State	Country	Postal Code	
GENERAL PARTNER LINDA S	WILLS KLS&M LLC	2011 OAKWOOD DR	Т	WIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report must	6. Annual Report must be signed.*						
ID	Signature: Linda S \	Signature: Linda S Wills		Date: 09/17/2014				
L 4745	Name (type or print)	Name (type or print): Linda S Wills		Title: General Partner				
Processed 09/17/2014	* Electronically provided signatures are accepted as original signatures.							