

No. W 125896	Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JODIE ANTONELLI <i>Kristen Olson</i> 17 SCHOFIELD LN <i>479 Lemhi Rd</i> SALMON ID 83467 <i>Salmon, ID.</i> <div style="text-align: right;"><i>83467</i></div>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. K & J WILD WEST PHOTOGRAPHY L.L.C. KRISTEN OLSON 479 LEMHI RD SALMON ID 83467		3. <u>New</u> Registered Agent Signature. <i>Kristen Olson</i>
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Kristen Olson</i> <i>479 Lemhi Rd.</i> <i>Salmon</i> <i>ID.</i> <i>USA</i> <i>83467</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 125896 </div>		6. Signature: <i>Kristen Olson</i> <hr/> Name (type or print): <i>Kristen Olson</i> <hr/> <div style="float: right; text-align: right;"> Date: <i>6-30-14</i> <hr/> Title: <i>Manager</i> <hr/> </div>	
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