No. W 5460	Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. KMS, LLC KEVIN SIEPERT 2285 EAST 400 NORTH ST ANTHONY ID 83445			2. Registered Agent and Office (NOT A P.O. BOX) KEVIN SIEPERT 488 N. 2000 W REXBURG ID 83440	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Age	ent Signature.
4. Limited Liability	Companies: Enter	Names and Addresses	of Manager	s OR Members. See	Instructions.
Manager or Member	Name	Street or PO Address	Cîty		
Manager ☐ Member ☑ 🔏	EVIA SIEPERT	2285 E. 400N.	ST. Anth	ay Solike Floring	831445
Manager Member	,			, , , , , ,	
Manager Member					
Manager Member					
5. Organized Under the La	ws of: 6.		_		
IDAHO	Signature:	Signature: Marin Subal			e: 12-30-17
W 5460	Name (type or print): Krin Sirpert			Title	12-30-17 maber
Issued 12/22/2017 by CLH	\				10236