

|                                                                                                                                                        |                |                                                                                                                                            |           |                                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------------------|
| No. <b>W 31420</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br><br>KEN WOOD, LLC<br>CHRISTIE J WOOD<br>PO BOX 459<br>GREENLEAF ID 83626      |           | KENNETH J WOOD<br>23517 ODE LN<br>CALDWELL ID 83607 |                     |
|                                                                                                                                                        |                |                                                                                                                                            |           | 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 |
| MEMBER                                                                                                                                                 | KENNETH J WOOD | PO BOX 459                                                                                                                                 | GREENLEAF | ID                                                  | 83626               |
| MEMBER                                                                                                                                                 | LYNDA J WOOD   | PO BOX 459                                                                                                                                 | GREENLEAF | ID                                                  | 83626               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31420</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: kenneth J Wood<br>Name (type or print): kenneth J Wood<br>Date: 04/27/2017<br>Title: Owner |           |                                                     |                     |
| Processed 04/27/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                  |           |                                                     |                     |