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	Idaho Limited	Liability Co	mpany Annu	al Re	eport For	m			272
	File online at: SOSBIZ.idaho.gov				Return completed form within 30 days				
	Due on/Before: 12/3	Reporting Year: 2	018	8 Idaho Secretary of State				2	
						tn: Annual Reports 0 North 4th Street			
Annual Re	Ì	Boise, ID 83702				28			
If reinstater	ment is required, the re	instatement fee is	\$ \$30.00.		Phone: (20	8) 334-2	300		- 2
SOS Contro	l Number: 45663	Filing S	Status: Active-Exist	ing					2
Limited Liabi	lity Company (D)	Date F	ormed: 12/07/1999) 	Formatio	n Locale	:: ID		19
Name and N	Mailing Address:			(1) Add	d or Change M a	iling Addre	ess:		10
KWL, LLC	_								
PO BOX 247				TT - 0	7TD . 1	. 03	653-02	217	ū
NAMPA, ID	83653 -			use	ZIP + 4	. 03	055-02	24/	AM
									7J 0
Registered Agent (RA) and Registered Office (RC) Address:		(2) Change RA and/or RO Address:				6 0
BETTE M GREENE 2890 S TRAILWOOD WAY				Revised RO ADDRESS:					P.
BOISE, ID-8			570	0 East F	rank]	in Ro	ad, Ste.	Ξ. 20 γ	
•					pa, Idah			687-7901	<u>o</u>
	Note: The	Bogistared Office a	ddress must be a phys	iaat ldak	o addroce Inc	noetal bo	.w1		λq
			udites illust be a phys	ilicai iuai	10 8001633 (110	postai bo	^;.		-
(3) New Reg	gistered Agent (RA) S	ignature:							—∺
	ability Companies: Enter t be accepted. Changes h								ent. Ծ
Manager/Member Name		Business Address			City, State, Zip				
Mgr ☐Me		BETTE M. GREENE,	3432 HOLDEN LANE,		JOHNSTOWN,		USA	80534-743532	——
Mgr Me	m .	AS THE CURRENT SOLE TRUSTEE OF							ct
☐ Mgr ☐ Me	m	TRUST B OF THE KEN- NETH & BETTE LEE							är
Mgr Me	m	FAMILY TRUST, U/T/A DATED 12/13/1990 & A							4
Mgr Me	m į	THEREAFTER AMEND BY A FIRST TRUST AM	ED						0
Mgr Me	m	MENT DATED 2/7/2006							Н
Mgr Me	l l	OA/KWL-2018-ANN-RP	F.wpd						z ý
☐ Mgr ☐ Me	em [<u> </u>		·				<u>i</u> j
(5) Signature	Belle	n. Dr	eene	(6) Da	te: [-	24	-18		0
(7) Type/Print Name: BETTE M. GREENE				(8) Tit	TRUS	TEE OF TRU MEMBER/MA			
	Legibly complete the form a			e Idaho	Secretary of St	ate for \$3	0 if reinsta	ting.	aweren
Sign and date	this form and return to the a	ddress provided abov	re.						ij
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