No. **C 173747**	**Due no later than Jun 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CKL CORPORATION KORI CONKLIN PO BOX 882 PARMA ID 83660	KORI CONKLIN 309 E WENDLE AVE PARMA ID 83660 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KORI L CONKLIN	P O BOX 882	PARMA	ID	USA	83660

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 173747**	Signature: Kori Conklin	Date: 08/26/2015
	Name (type or print): Kori Conklin	Title: President

Processed 08/26/2015

* Electronically provided signatures are accepted as original signatures.