| No. <b>W 86289</b>  |      | Due no later than Aug 31, 2016   |   | 2 | 2. Registered Agent and Address (NO PO BOX)   |       |         |             |
|---|------|--|---|---|---|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  KTS HOSPITALITY, LLC  KEN L SWANGER  307 W THIRD ST  MOSCOW ID 83843 |   |   | CADE KONEN HAYDEN ROSS, PLLC 315 S ALMON MOSCOW ID 83843  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar    |      | USA mes and Addresses of at least one Member or Manager.   |   |   |   |       |         |             |
| Office Held   | Name | nes and Addresses of de  | Street or PO Address                                    |   | City  | State | Country | Postal Code |
| MANAGER KEN L SWAI  |      | NGER   | 307 W THIRD ST  |   | MOSCOW  | ID    | USA     | 83843       |
| 5. Organized Under the Laws of:  ID  W 86289  |      | 6. Annual Report must be signed.*  Signature: Cade Konen  Name (type or print): Cade Konen   |   |   | Date: 07/11/2016<br>Title: CPA  |       |         |             |
| Processed 07/11/2016  |      |  | rovided signatures are accepted as original signatures. |   |   |       |         |             |