

|  |                 |   |       |  |         |                  |  |
|--|-----------------|---|-------|--|---------|------------------|--|
| No. <b>W 39432</b>   |                 | <b>Due no later than May 31, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KRALLST., LLC<br>TIMOTHY M DOYLE<br>2179 COLOMA WAY<br>BOISE ID 83812 |       | TIMOTHY M DOYLE<br>2179 COLOMA WAY<br>BOISE ID 83812 |         |                  |  |
|  |                 |   |       | 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   | TIMOTHY M DOYLE | 2179 COLOMA WAY   | BOISE | ID   | USA     | 83812            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>W 39432</b>  |                 | Signature: Timothy Doyle  |       |  |         | Date: 03/17/2013 |  |
|  |                 | Name (type or print): Timothy Doyle   |       |  |         | Title: Sp        |  |
| Processed 03/17/2013   |                 | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |