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|--|-------------|--|---------|--|---------|-------------|--|
| No. W 62060 | | Due no later than Apr 30, 2014 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 | | 1. Mailing Address: Correct in this box if needed. KO TOOLS LLC KYLE ORME 1581 N 775 E SHELLEY ID 83274 | | KYLE ORME 1581 N 775 E SHELLEY ID 83274 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | |
| MANAGER | KYLE ORME | 1581 N 775 E | SHELLEY | ID | USA | 83274 | |
| MANAGER | KELSIE ORME | 1581 N 775 E | SHELLEY | ID | USA | 83274 | |
| 5. Organized Under the Laws of: ID W 62060 | | 6. Annual Report must be signed.* Signature: Kyle Orme Name (type or print): Kyle Orme | | | | | |
| | | Date: 02/10/2014 Title: Manager | | | | | |
| Processed 02/10/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |