

No. W 62060		Due no later than Apr 30, 2014		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		Annual Report Form		KYLE ORME 1581 N 775 E SHELLEY ID 83274			
		1. Mailing Address: Correct in this box if needed. KO TOOLS LLC KYLE ORME 1581 N 775 E SHELLEY ID 83274		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.					