

No. W 170646	Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARY M THOMAS 3368 N LAKEHARBOR LN R-103 BOISE ID 83703 5840 N. Collister DR Boise, ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KOLOR ME KAHLUA LLC 3368 N LAKEHARBOR LN R-103 BOISE ID 83703		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Mary M Thomas</td> <td>5840 N. Collister</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Stacey Serrano-Marcini</td> <td>5840 N. Collister DR</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Mary M Thomas	5840 N. Collister	Boise	ID		83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Stacey Serrano-Marcini	5840 N. Collister DR	Boise	ID		83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 170646 </div>		6. Signature: <u>Mary M Thomas</u> Name (type or print): _____ <div style="text-align: right;"> Date: <u>10/2/17 mm</u> Title: _____ </div>																																				
Issued 10/02/2017 by TLB																																						