

No. W 62060		Due no later than Apr 30, 2018		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 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	
				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	83274
MANAGER	KELSIE ORME	1581 N 775 E	SHELLEY	ID	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 62060		Signature: Kyle Orme Name (type or print): Kyle Orme		Date: 02/26/2018 Title: manager	
Processed 02/26/2018		* Electronically provided signatures are accepted as original signatures.			