No. W 40585		Due no later than Jun 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. KTMAC/SWS, LLC TORRY MCALVAIN 5559 WEST GOWEN RD BOISE ID 83709		5559 WEST BOISE ID	TORRY MCALVAIN 5559 WEST GOWEN RD BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses	of at least one Member or Manager					
	Name	ries and ridal esses	Street or PO Address	City	State	Country	Postal Code	
MANAGER T	ORRANCE	A MCALVAIN	5559 WEST GOWEN RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 40585		6. Annual Report must be signed.* Signature: Torry McAlvain Name (type or print): Torry McAlvain			Date: 06/20/2016 Title: Manager			
Processed 06/20/2016	* Electronically provided signatures are accepted as original signatures.							