

|                                                                                                                                                        |                |                                                                                                                                 |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>C 155112</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2017</b>                                                                                           |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>KAMBAG, INC.<br>LOUIS KLINGE<br>PO BOX 2664<br>MCCALL ID 83638 |        | LOUIS KLINGE<br>608 WHIPKEY<br>MCCALL ID 83638     |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                 |        | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                 |        |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                            | City   | State                                              | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | LOUIS X KLINGE | 807 NORTH THIRD ST                                                                                                              | MCCALL | ID                                                 | USA     | 83638            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                               |        |                                                    |         |                  |  |
| <b>ID<br/>C 155112</b>                                                                                                                                 |                | Signature: louis klinge                                                                                                         |        |                                                    |         | Date: 04/30/2017 |  |
|                                                                                                                                                        |                | Name (type or print): louis klinge                                                                                              |        |                                                    |         | Title: pres      |  |
| Processed 04/30/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                       |        |                                                    |         |                  |  |