No. L 4745		Due no later than Nov 30, 2011		2. 1	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			KLS&M LLC				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KLS&M FAMILY LIMITED PARTNERSHIP LINDA WILLS KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301			2011 OAKWOOD DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code	
GENERAL PARTNER	LINDA S WIL	LS KLS&M LLC	2011 OAKWOOD DR	T	WIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Linda S Wills			Date: 09/10/2011				
L 4745		Name (type or print): Linda S Wills			Title: General Partner				
Processed 09/10/2011	rocessed 09/10/2011 * Electronically provided signatures are accepted as original signatures.								