No. W 182159		Due no later than Apr 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. MKW LLC MKW LLC 10 E GROVE AVE #11 PARMA ID 83660			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				32929 PARM	MARK WILHITE 32929 APPLE VALLEY RD PARMA ID 83660 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of at le	ast one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KERI WILHITE		E	32929 APPLE VALLEY RD	PARMA	. ID	USA	83660	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark Wilhite			Date: 04/26/2018			
W 182159		Name (type or print): Mark Wilhite			Title: Owner			
Processed 04/26/2018 * Electronically provided signatures are accepted as original signatures.								