

## Idaho Limited Liability Company Annual Report Forms File online at: sosbiz.idaho.gov





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|---------------------------------------|--|--|--|--|-----------------------------------|
|                                       |  | Date Formed: 12/30/2013                                      | Formation Locale: ID                         |  | 23                                |
| Name and Mailing Address:             |  |  | (1) Add or Change Ma                         | iling Address:   | P AND OUR BEST SAME I STANKE I TO |
| RLK KAMIAH TWO LLC                    |  |  |  |  | N                                 |
| 100 YOUNG RD<br>KAMIAH, ID 83536-5186 |  |  |  |  | 7                                 |
| KAMIAH, ID 63                         | 5536-5186  |  |  |  | PM                                |
| Registered Ag                         | ent (RA) and Registered Off                                      | ice (RO) Address:  | (2) Change RA and/or RO Address:             |  | е<br>С<br>Б                       |
| 100 YOUNG RI                          | D  |  |  |  | Ľ.                                |
| KAMIAH, ID 83                         | 3536   |  |  |  | ived                              |
|                                       |  |  |  |  | <b>ው</b>                          |
|                                       | Note: The Registered   | Office address must be a phys                                | ical Idaho address (no                       | noctal how   | ÅФ                                |
|                                       | _  | omee address must be a phys                                  | icai idano address (no                       | Jostal DOX).   | _                                 |
| (3) New Regist                        | ered Agent (RA) Signature:                                       | If a now agent is appointed in it                            | iam (2) above the new age                    | nt must sign here to accept the appo                           | O<br>cintrockii                   |
| (4) 1 2-26-31 1 2-1 22                |  |  |  |  | <del></del>                       |
| These will not be                     | ty Companies: Enter names and<br>accepted. Changes here will not | addresses of Managers OR I<br>affect the entity mailing addr | Members. Do NOT pu<br>ess. If more space is⊥ | t 'same as last year' or 'same<br>needed, please add an attact | : as above'.<br>mente             |
| Manager/Member                        | Name   |  | Business Address                             |  |                                   |
| Mgr X Mem                             | ROBERT KARPI   | E 100 400 NG   | RD.  | City, State, Zip<br>KAMIAH, エンタス                               | 53 <b>Å</b>                       |
| Mgr Mem                               |  |  |  | 7  | <del>, (</del>                    |
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| (5) Signature:                        | 18 Bert Kar RS   | 2  | (6) Date: 1 -5                               | - 23   | 16                                |
| (7) Type/Print Name                   | ROBERT KARPE   |  |  | BER-OWNER  |                                   |
| Instructions: Legi                    | ibly complete the form above. Sign a                             | and data this form and return to th                          | o addrosa provided above                     |  | H                                 |