No. <b>W 135861</b> Return to:		Due no later than Mar 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  KOOTENAI CAMPUS, LLC JAMES FRANK 355 WOODED ACRES DR SAGLE ID 83860 USA		2. Registered Agent and Address (NO PO BOX)  JAMES FRANK 355 WOODED ACRES DR SAGLE 83860  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER JIM K FRANK		355 WOODED ACRES DRIVE	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jim Frank		Date: 01/18/2015			
W 135861		Name (type or print): Jim Frank		Title: Member Manager			
Processed 01/18/2015	signatures are accepted as original sig	natures.					