

No. W 40585		Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KTMAC/SWS, LLC TORY MCALVAIN 5559 WEST GOWEN RD BOISE ID 83709		TORY MCALVAIN 5559 WEST GOWEN RD BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TORRANCE A MCALVAIN	Street or PO Address 5559 WEST GOWEN RD		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of: ID W 40585		6. Annual Report must be signed.* Signature: Torry McAlvain Name (type or print): Torry McAlvain Date: 04/22/2014 Title: Manager					
Processed 04/22/2014 * Electronically provided signatures are accepted as original signatures.							