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|--|-----------------|--|-------|--|---------|-------------|--|
| No. W 147503 | | Due no later than Feb 29, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. KEVKOR, LLC P.O. BOX 852 SANDPOINT ID 83864 | | GARY CHAPMAN 628 POMERANKEY DOVER ID 83825 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | |
| MEMBER | GARY M. CHAPMAN | 628 POMERANKEY | DOVER | ID | USA | 83825 | |
| 5. Organized Under the Laws of: ID W 147503 | | 6. Annual Report must be signed.* Signature: Gary Chapman Name (type or print): Gary Chapman | | | | | |
| Date: 04/05/2016 Title: Member | | | | | | | |
| Processed 04/05/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |