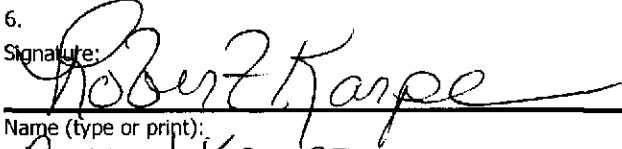
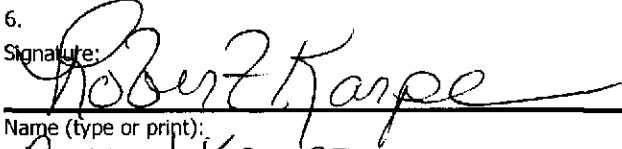
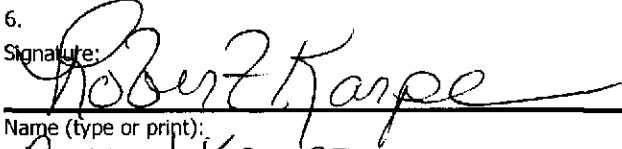


No. W 158502	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT KARPE 100 YOUNG RD KAMIAH ID 83536
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RLK KOOSKIA LLC ROBERT KARPE 100 YOUNG RD KAMIAH ID 83536		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT KARPE, 100 YOUNG RD. Kamiah, ID., 83536					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 158502 </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> 6. Signature:  <hr/> Name (type or print): ROBERT KARPE </td> <td style="width: 40%; vertical-align: top;"> Date: 10-16-16 Title: MEMBER </td> </tr> </table>	6. Signature:  <hr/> Name (type or print): ROBERT KARPE	Date: 10-16-16 Title: MEMBER
6. Signature:  <hr/> Name (type or print): ROBERT KARPE	Date: 10-16-16 Title: MEMBER		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM