

No. W 64836	Due no later than Jul 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KRAMS, LLC ANGIE L SALAS PO BOX 249 RIGBY ID 83442 USA		ANGELA L SALAS 1241 DESERT ROCK DR REXBURG ID 83440			
			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
MANAGER	ANGELA L SALAS	1241 DESERT ROCK DR	REXBURG	ID	USA	83440
MANAGER	KIP T SALAS	1241 DESERT ROCK DR	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 64836	6. Annual Report must be signed.* Signature: Angie Salas Name (type or print): Angie Salas		Date: 05/19/2009 Title: Co Owner			
Processed 05/19/2009		* Electronically provided signatures are accepted as original signatures.				