

No. W 79785		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KBCP, LLC KENNETH KOOMPIN 3010 MCKINLEY AMERICAN FALLS ID 83211		KENNETH KOOMPIN 3066 S FRONTAGE RD AMERICAN FALLS ID 83211			
				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	MATTHEW HOBBS	2310 KENMERE RD	MERIDIAN	ID	USA	83642	
MEMBER	CODY HOBBS	2808 RACCOON COURT	NAMPA	ID	USA	83651	
MEMBER	SARAH ANDERSON	12745 TRIPLE CROWN	POCATELLO	ID	USA	83202	
MEMBER	CHERYL KOOMPIN	300 SNAKE RIVER DR.	AMERICAN FALLS	ID	USA	83211	
MEMBER	BERNARDINE BEARUP	3062 S FRONTAGE RD	AMERICAN FALLS	ID	USA	83211	
MEMBER	CHARLES BEARUP	3062 S FRONTAGE RD	AMERICAN FALLS	ID	USA	83211	
MANAGER	KLAREN KOOMPIN	300 SNAKE RIVER DR	AMERICAN FALLS	ID	USA	83211	
MEMBER	KATHLEEN KOOMPIN	3066 S FRONTAGE RD	AMERICAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 79785		Signature: Amanda Givens			Date: 10/30/2015		
		Name (type or print): Amanda Givens			Title: Office Manager		
Processed 10/30/2015		* Electronically provided signatures are accepted as original signatures.					