

|                                                                                                                                                        |                |                                                                                                                                                                                      |       |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------------------|
| No. <b>W 23621</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2018</b>                                                                                                                                                |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRIPLE K HOME IMPROVEMENTS LLC<br>LORIN KLINGLER<br>595 N 3300 E<br>MENAN ID 83434 |       | LORIN KLINGLER<br>595 N 3300 E<br>MENAN ID 83434   |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                      |       | 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                                                                                                                                                | LORIN KLINGLER | 595 N 3300 E                                                                                                                                                                         | MENAN | ID                                                 | 83434               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23621</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: LORIN klingler<br>Name (type or print): LORIN klingler<br>Date: 03/08/2018<br>Title: manager                                         |       |                                                    |                     |
| Processed 03/08/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                            |       |                                                    |                     |