

No. W 16991	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable:		LINDA S WILLS 2011 OAKWOOD DR TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
	KLS&M LLC LINDA S WILLS 2011 OAKWOOD DR TWIN FALLS, ID 83301														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>GENERAL PARTNER</td> <td>Linda S Wills</td> <td>2011 OAKWOOD DR</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	GENERAL PARTNER	Linda S Wills	2011 OAKWOOD DR	TWIN FALLS	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
GENERAL PARTNER	Linda S Wills	2011 OAKWOOD DR	TWIN FALLS	ID	83301										
5. Organized Under the Laws of: IDAHO W 16991		6. Signature <u>Linda S Wills</u> Date <u>9-29-04</u> Name (Typed or Printed) <u>Linda S Wills</u> Title <u>General Partner</u>													

Issued 09/01/2004

Do Not Tape or Staple

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