No. <b>W 147503</b> Return to:		Due no later than Feb 28, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  KEVKOR, LLC  KEVKOR LLC  P.O. BOX 852  SANDPOINT ID 83864		2. Registered Agent and Address (NO PO BOX)  GARY CHAPMAN 504 GUTHRIE PLACE, #1103 DOVER ID 83825  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: Enter Nai	mes and Addresses	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	GARY M. CH	HAPMAN	504 GUTHRIE PLACE, #1103	DOVER	ID	USA	83825
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Gary Chapman		Date: 01/05/2017			
W 147503		Name (type or print): Gary Chapman		Title: Owner/President			
Processed 01/05/2017 * Electronically provided signatures are accepted as original signatures.							