No. <b>W 175043</b>		Due no later than Dec 31, 2017 2. Registered Agent and Address (NO PO BC				PO BOX)	
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROB SESSIONS TKG, LLC  HAYES MANAGEMENT SERVICES INC  890 OXFORD DR  IDAHO FALLS ID 83401	890 OXFORD I IDAHO FALLS	CHRIS S HAYES 890 OXFORD DR IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER ROB SESSIC		ONS 615 SOUTH 2ND EAST	ST. ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:  ID  W 175043		6. Annual Report must be signed.* Signature: ROB SESSIONS Name (type or print): ROB SESSIONS	Date: 12/21/2017 Title: MANAGER				
Processed 12/21/2017	rocessed 12/21/2017 * Electronically provided signatures are accepted as original signatures.						