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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 21810</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br>K & T REAL ESTATE, LLC<br>KIM L COX<br>8690 N. PARKS RD.<br>POCA TELLO ID 83201-9022<br>USA |            | MICHAEL J WHYLIE<br>2635 CHANNING WAY<br>IDAHO FALLS 83404 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                          |            | 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                                                                                                                                                | TERESA LEE COX | 8690 N. PARKS RD                                                                                                                                         | POCA TELLO | ID                                                         | USA     | 83201-9022  |  |
| MANAGER                                                                                                                                                | KIM LEON COX   | 8690 N. PARKS RD.                                                                                                                                        | POCA TELLO | ID                                                         | USA     | 83201-9022  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 21810</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Kim Cox<br>Name (type or print): Kim Cox<br>Date: 01/11/2015<br>Title: Manager                           |            |                                                            |         |             |  |
| Processed 01/11/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                |            |                                                            |         |             |  |