No. W 151234	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017	2. Registered Agent and Office (NOT A P.O. BOX) KATY KUJAWSKI
SECRETARY OF STATE 450 N 4th STREET K. PO BOX 83720 K/BOISE, ID 83720-0080 PC	1. Mailing Address: Correct in this box if needed. K. KELLER ENTERPRISES, L.L.C. KATY KELLER PO BOX 1967 MCCALL ID 83638	2315 N 23RD-BOISE ID 83/02 275 Alta U.Sta duly McCall 10 83U38  3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code  Manager Member Katry Kwywski P.O. 30×1947 Midak ND USA 83437  Manager Member   Manager Member   Manager Member   Manager Member   Manager Member   Manager Member   Memb		
5. Organized Under the La  IDAHO W 151234  Issued 08/20/2017 by onlin	Signature:  Alme (type or print):  AM KWAW SK1	Date: 8,20,17 Title:

## **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the secrect mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the