

|                                                                                                                                                        |                   |                                                                                                                                                 |          |                                                                |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 68528</b>                                                                                                                                     |                   | <b>Due no later than Nov 30, 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><br>KAPCO, LLC<br>KEVIN J PFLEGER<br>3795 N MCKINLEY PARK AVE<br>MERIDIAN ID 83646 |          | KEVIN PFLEGER<br>3795 N MCKINLEY PARK AVE<br>MERIDIAN ID 83646 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                 |          | 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      |  |
| MEMBER                                                                                                                                                 | KEVIN J PFLEGER   | 3795 N MCKINLEY PARK AVE                                                                                                                        | MERIDIAN | ID                                                             | USA     | 83646            |  |
| MEMBER                                                                                                                                                 | ARIANNE K PFLEGER | 3795 N MCKINLEY PARK AVE                                                                                                                        | MERIDIAN | ID                                                             | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                               |          |                                                                |         |                  |  |
| <b>ID<br/>W 68528</b>                                                                                                                                  |                   | Signature: Kevin Pfleger                                                                                                                        |          |                                                                |         | Date: 09/18/2014 |  |
|                                                                                                                                                        |                   | Name (type or print): Kevin Pfleger                                                                                                             |          |                                                                |         | Title: Member    |  |
| Processed 09/18/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                       |          |                                                                |         |                  |  |