| No. C113234  |   | al Report Form 1:<br>ter Than November 30,                     | 2. Registered Agent a               | nd Office NOT A P.O. BOX        |  |
|--|---|--|-------------------------------------|---------------------------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | K & H, INC.<br>DOUGLAS R H  |  | 1111 S OF                           | ID 83705                        |  |
| NO FEE REQUIRED  | TIPE STORY OF THE |  | 3. Organized Under t                | 3. Organized Under the Laws of: |  |
| ** FINAL NOTICE **   | BOISE   | ID 33705   | ID                                  | c113234                         |  |
| Corporations: Enter Names and<br>Limited Liability Companies: Ent                              |   |  | nbers (check one)                   |                                 |  |
| Office held Name   | <u>Str</u>  | eet or P.O. Address  | City                                | State Zip                       |  |
| President Dough  | s R HALE 3  | 934 C. Aspen Hill  | BoisE,                              | Idaho 83706                     |  |
| Office held Name President Dougla Vice President/ Sccrefary Marg                               |   | . 292 4 = Asoen/   | Hill Brise                          | Tolaha 8326                     |  |
| Secretary Mary   | Nec Krebs HAV   | E 3/3/C/Wpar.  | , , , , , , , , , , , , , , , , , , |                                 |  |
|  |   |  |                                     | ·                               |  |
|  |   |  |                                     |                                 |  |
|  |   |  |                                     |                                 |  |
| 5. NATURE OF BUSINES   | 6. I certify knowle   | that this Annua Report has t<br>dge trie, correct and complete | been examined by me an              | d is to the best of my          |  |
| Personnel Services   | and Signatu   | re Lagland   | Date _                              |                                 |  |
|  |   |  |                                     |                                 |  |
| Consulting   | Name [  | Printed)   | HALE Title E                        | resident                        |  |
| ISSUED: 10 05-1  | Name }  | rinted) 1864/65  | HALE Title E                        | resident                        |  |
| ISSUED: 10 05-1  | Name :  | (Med of 186-8/2.5)   | H4/E Title F                        | resident.                       |  |