No. W 194 Return to:		Due no later than Feb 28, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. K2RED, L.L.C. DANIEL S FUCHS 526 K SHOUP AVE W TWIN FALLS ID 83301 USA			2. Registered Agent and Address (NO PO BOX) DANIEL FUCHS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				TWIN FALLS	526 K SHOUP AVE W TWIN FALLS 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DANIEL S F	UCHS	3072 HEATHERWOOD RD	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Daniel S Fuchs			Date: 12/15/2014			
W 194		Name (type or p		Title: Member				
Processed 12/15/2014	* Electronically provided signatures are accepted as original signatures.							