

No. W 5460	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN SIEPERT 488 N. 2000 W REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KMS, LLC KEVIN SIEPERT 2285 EAST 400 NORTH ST ANTHONY ID 83445		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Siepert	2285 E 400 N	St. Anthony	Idaho	Front	83445
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Milo Siepert	2285 E. 400 N.	St. Anthony	Idaho	Front	83445
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 5460 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Kevin Siepert</u> </td> <td style="width: 40%;"> Date: <u>1-3-13</u> </td> </tr> <tr> <td> Name (type or print): <u>Kevin Siepert</u> </td> <td> Title: <u>Pres.</u> </td> </tr> </table>	Signature: <u>Kevin Siepert</u>	Date: <u>1-3-13</u>	Name (type or print): <u>Kevin Siepert</u>	Title: <u>Pres.</u>
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