No. W 172657		Due no later than Oct 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		Annual Report Form 1. Mailing Address: Correct in this box if needed. K2 FAMILY PARTNERSHIP LLC 5723 E DODD ROAD HAYDEN ID 83835		5723 E DODD HAYDEN ID	2. Registered Agent and Address (NO PO BOX) KATHERINE WACHOLZ 5723 E DODD ROAD HAYDEN ID 83835 3. New Registered Agent Signature:*			
4. Limited Liability Comp Office Held		nes and Addresses	of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	KEITH STANL	EY WACHOLZ	5723 E. DODD ROAD	HAYDEN LAKE	ID	USA	83835-9376	
5. Organized Under the Laws of: ID W 172657		6. Annual Report must be signed.* Signature: Katherine Wacholz M.Ed Name (type or print): Katherine Wacholz M.Ed			Date: 08/20/2018 Title: Clinical Supervisor			
Processed 08/20/2018	×	Electronically pro	vided signatures are accepted as original	l signatures.				