

No. W 96157		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KMO ENTERPRISES, LLC MIKELLE OLIVER 1056 W NEWFIELD DR EAGLE ID 83616		MIKELLE OLIVER 1056 W NEWFIELD DR EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KYNDAL DATTANI	Street or PO Address 8327 PINE RIVER RD		City TAMPA	State FL	Country USA	Postal Code 33637
5. Organized Under the Laws of: ID W 96157		6. Annual Report must be signed.* Signature: Kyndal Dattani Name (type or print): Kyndal Dattani Date: 07/21/2017 Title: PARTNER					
Processed 07/21/2017 * Electronically provided signatures are accepted as original signatures.							