

|                                                                                                                                                        |                 |                                                                                                                                                                               |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 83260</b>                                                                                                                                     |                 | <b>Due no later than Apr 30, 2014</b>                                                                                                                                         |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>K-DOG DOMAINS LLC<br>DALLAS K PASSOW<br>16970 MEADOW LANE<br>NAMPA ID 83687 |       | DALLAS K PASSOW<br>16970 MEADOW LANE<br>NAMPA ID 83687 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                               |       | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                               |       |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                          | City  | State                                                  | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | AMBER L PASSOW  | 16970 MEADOW LANE                                                                                                                                                             | NAMPA | ID                                                     | USA     | 83687       |  |
| MANAGER                                                                                                                                                | DALLAS K PASSOW | 16970 MEADOW LANE                                                                                                                                                             | NAMPA | ID                                                     | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 83260</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Amber L Passow<br>Name (type or print): Amber L Passow<br>Date: 05/07/2014<br>Title: Member                                   |       |                                                        |         |             |  |
| Processed 05/07/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                     |       |                                                        |         |             |  |