

FILED EFFECTIVE

No. W 11180	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2005		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN KIMMELL 3617 CATALINA RD BOISE ID 83705			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEES: \$350.00	1. Mailing Address: Correct in this box if needed. TKO FINANCIAL SERVICES, LLC 3617 CATALINA RD BOISE ID 83705 10400 OVERLAND ROAD # 240 BOISE ID 83709		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SHAWN E. Kimmell	10400 OVERLAND #240	BOISE	ID	USA	83709
MEMBER	MICHELLE S. Kimmell	10400 OVERLAND #240	BOISE	ID	USA	83709
5. Organized Under the Laws of:					6.	
IDAHO W 11180					Signature: <u>Shawn E Kimmell</u> Date: <u>7-15-09</u> Name (type or print): <u>SHAWN E. KIMMELL</u> Title: <u>MGR.</u>	
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