


No. W 110152	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL J KRAYNICK 113 E BULLION ST HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KLL, LLC KEVIN LINCOLN 16 W CROY ST PO BOX 1084 HAILEY ID 83333		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 Lincoln PO BOX 1084 Hailey ID 83333			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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: large;"> IDAHO W 110152 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature: <input checked="" type="checkbox"/>  <hr/> Name (type or print): <input checked="" type="checkbox"/> Kevin Lincoln </div> <div style="width: 35%;"> Date: <input checked="" type="checkbox"/> 5-7-13 <hr/> Title: <input checked="" type="checkbox"/> MEMBER </div> </div>	
Issued 04/22/2013 by JL1			

INSTRUCTIONS FOR THE FORM