

No. W 139019	Due no later than Jun 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KILGORE STORE, LLC F DALE HORNE 299 W 97 N IDAHO FALLS ID 83401		F DALE HORNE 299 W 97 N IDAHO FALLS ID 83401			
			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
MANAGER	ARLYNN HORNE	299 WEST 97TH NORTH	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 139019	6. Annual Report must be signed.* Signature: Arlynn Horne Name (type or print): Arlynn Horne		Date: 08/01/2017 Title: Manager			
Processed 08/01/2017		* Electronically provided signatures are accepted as original signatures.				