

No. W 139019	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) F DALE HORNE 299 W 97 N IDAHO FALLS ID 83401																																				
Return to: SECRETARY OF STATE 450 N 4th STREET 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		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="0"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ARLYNN HORNE</td> <td>299 W 97 N</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ARLYNN HORNE	299 W 97 N	Idaho Falls	ID	USA	83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>										
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5. Organized Under the Laws of: <p style="text-align: center;">IDAHO W 139019</p>	6. Signature: <u><i>Arlynn Horne</i></u> Date: <u>7-6-2015</u> Name (type or print): <u>ARLYNN HORNE</u> Title: <u>Manager</u>																																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM