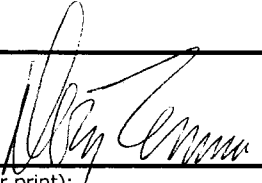


No. W 27699	Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KOBE, LLC 1124 SANTA MARIA DR BOISE ID 83712		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"/>	DOUG TAMURA	1124 SANTA MARIA	BOISE	ID		83712
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: 1.2em;"> IDAHO W 27699 </div>	6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-weight: bold;">DOUG TAMURA</div>	Date: <u>1/27/16</u> <hr/> Title: <u>MEMBER</u>
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