| No. W 16319 | | Du | 2 | 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 | | Annual Report Form | | | RICHARD HALE 725 S WOODRUFF | | | |
| | | 1. Mailing Address: Correct in this box if needed. K & B MANAGEMENT, LLC BARBARA J NELSON C/O ROSEMARK WOMENS CARE 2327 CORONADO STREET IDAHO FALLS ID 83404 | | | IDAHO FALLS ID 83401 | | | |
| | | | | 3 | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER KEVIN R NELSON MANAGER BARBARA J NELSON | | 5575 LONG COVE DRIVE 5575 LONG COVE DRIVE | | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83404 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 16319 | | Signature: Richard K. Hale | | | Date: 08/07/2007 | | | |
| | | Name (type or print): Richard K. Hale | | | Title: Registered Agent | | | |
| Processed 08/07/2007 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |