

|  |                   |   |            |  |                     |
|--|-------------------|---|------------|--|---------------------|
| No. <b>W 32884</b>   |                   | <b>Due no later than Aug 31, 2016</b>   |            | <b>2. Registered Agent and Address (NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>KILLGORE ADVENTURES II LLC<br>HEATHER C KILLGORE<br>3252 WATERFRONT DR<br>WHITE BIRD ID 83554 |            | HEATHER KILLGORE<br>3252 WATERFRONT<br>WHITE BIRD ID 83554 |                     |
|  |                   |   |            | 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 |
| MEMBER   | HEATHER KILLGORE  | 3252 WATERFRONT DR  | WHITE BIRD | ID   | 83554               |
| MEMBER   | KURTIS C KILLGORE | 3242 WATERFRONT DR.   | WHITE BIRD | ID   | 83554               |
| MEMBER   | LESLY R KILLGORE  | 3252 WATERFRONT DR.   | WHITE BIRD | ID   | 83554               |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |            |  |                     |
| <b>ID<br/>W 32884</b>  |                   | Signature: Heather Killgore<br>Name (type or print): Heather Killgore   |            | Date: 08/08/2016<br>Title: member                          |                     |
| Processed 08/08/2016   |                   | * Electronically provided signatures are accepted as original signatures.   |            |  |                     |