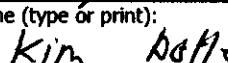
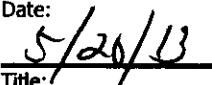
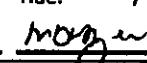


No. W 37159	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013				2. Registered Agent and Office (NOT A P.O. BOX) KIM ASTLE HWY 78 1230 GRANDVIEW ID 83624			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. K A F, LLC 33985 MUD FLAT RD GRANDVIEW ID 83624							
REINSTATEMENT FEE DUE: \$30.00					3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.								
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Kim Astle Hwy 78 1230 Grandview ID 83624							
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
5. Organized Under the Laws of: IDAHO W 37159		6. Signature:  Name (type or print): 						Date:  Title: 
Issued 05/14/2013 by JL1								