

|  |                    |   |        |  |         |             |  |
|--|--------------------|---|--------|--|---------|-------------|--|
| No. <b>W 135410</b>  |                    | Due no later than Mar 31, 2015  |        | 2. Registered Agent and Address <b>(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><br>D & K PEACH, LLC<br>DANIEL M PEACH<br>8656 N CLOVERLEAF DR<br>HAYDEN ID 83835 |        | DANIEL M PEACH<br>8656 N CLOVERLEAF DR<br>HAYDEN 83835 |         |             |  |
|  |                    |   |        | 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 |  |
| MANAGER  | KIMBERLY ANN PEACH | 8656 N. CLOVERLEAF DRIVE  | HAYDEN | ID   | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 135410</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Kimberly A. Peach<br>Name (type or print): Kimberly A. Peach<br>Date: 01/22/2015<br>Title: Manager                              |        |  |         |             |  |
| Processed 01/22/2015   |                    | * Electronically provided signatures are accepted as original signatures.   |        |  |         |             |  |