

No. **W 124661**

Due no later than **Apr 30, 2015**
Annual Report Form

2. Registered Agent and Office
(NOT A P.O. BOX)

TRAVIS SANDERS
6639 LAKESIDE DR
BOISE ID 83714

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.**

KSON LLC
6639 LAKESIDE DR
BOISE ID 83714

**NO FILING FEE IF
RECEIVED BY DUE
DATE**

3. New 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
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Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	^{Self} Travis Sanders	6639 Lakeside Dr	Garden City			83714
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Manager Member

Manager Member

Manager Member

5. Organized Under the Laws of:

IDAHO
W 124661

6.

Signature:

Date:

Name (type or print):

Title:

Travis Wayne Sanders

2/28/15