

|  |                  |   |              |  |                     |
|--|------------------|---|--------------|--|---------------------|
| No. <b>W 144750</b>  |                  | <b>Due no later than Nov 30, 2015</b>   |              | 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>KRABER ENTERPRISES, LLC<br>BARBARA J KRABER<br>PO BOX 339<br>PRIEST RIVER ID 83856<br>USA |              | FONDA L JOVICK<br>119 MAIN ST STE 201<br>PRIEST RIVER ID 83856 |                     |
|  |                  |   |              | 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   | BARBARA J KRABER | P O BOX 339 53 WISCONSIN ST   | PRIEST RIVER | ID   | USA 83856           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 144750</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Barbara Kraber<br>Name (type or print): Barbara Kraber<br>Date: 11/20/2015<br>Title: Member   |              |  |                     |
| Processed 11/20/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |              |  |                     |