

|                                                                                                                                                        |                 |                                                                                                                                                                            |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 172967</b>                                                                                                                                    |                 | <b>Due no later than Oct 31, 2018</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>KAINIZOMEN, LLC<br>PAUL LORENZEN<br>3405 CEDAR PARK CT<br>NAMPA ID 83686 |       | PAUL LORENZEN<br>3405 CEDAR PARK CT<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                            |       | 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                                                                                                                                                | PAUL T LORENZEN | 3405 CEDAR PARK CT                                                                                                                                                         | NAMPA | ID                                                    | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 172967</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Paul Lorenzen<br>Name (type or print): Paul Lorenzen<br>Date: 08/19/2018<br>Title: Managing Member                         |       |                                                       |         |             |  |
| Processed 08/19/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                  |       |                                                       |         |             |  |