

No. W 79864	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) GULSHAN KAUR PO BOX 190 BLANCHARD ID 83804																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KS & GK LLC PO BOX 190 BLANCHARD ID 83804		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>JESSE</td> <td>PO BOX 190</td> <td>BLANCHARD</td> <td>ID</td> <td>83804</td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td>NAGRA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	JESSE	PO BOX 190	BLANCHARD	ID	83804		Manager ☐ Member ☐	NAGRA						Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager ☒ Member ☐	JESSE	PO BOX 190	BLANCHARD	ID	83804																																	
Manager ☐ Member ☐	NAGRA																																					
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
5. Organized Under the Laws of: IDAHO W 79864		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 08-01-14</td> </tr> <tr> <td>Name (type or print): GULSHAN KAUR</td> <td>Title: MEMBER</td> </tr> </table>		Signature: 	Date: 08-01-14	Name (type or print): GULSHAN KAUR	Title: MEMBER																															
Signature: 	Date: 08-01-14																																					
Name (type or print): GULSHAN KAUR	Title: MEMBER																																					

Issued 07/30/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM