

Idaho Limited Liability Company Annual Report Form

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For Office Use Only



Return completed form within 30 days to: Idaho Secretary of State Attn: Annual Reports

450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

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SOS Control Number: 30761	Filing Status: Active-Exist	Filing Status: Active-Existing		
Limited Liability Company (D)	Date Formed: 02/03/1998	Date Formed: 02/03/1998 Formation Locale: ID		5
Name and Mailing Address: KMS, LLC 2285 E 400 N SAINT ANTHONY, ID 83445-5607		(1) Add or Change Mailin	g Address:	
Registered Agent (RA) and Regist KEVIN SIEPERT 488 N 2000 W REXBURG, ID 83440 Note: The F	tered Office (RO) Address:	(2) Change RA and/or R0		AM Kecelved b
(3) New Registered Agent (RA) Sig	gnature:	em (2) above, the new agent	must sian here to accept the a	appointment C
	names and addresses of Managers OR Namere will not affect the entity mailing address	ess. If more space is ne		
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(5) Signature: Ram Su	sert	(6) Date:] - 2	4-25	0 0 0
(7) Type/Print Name: KTVin	SIZPINT	(8) Title: MYM	brr	
Instructions. Logibly complete the form of	ove. Sign and data this form and return to the	e address provided above		0

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of State