

No. W 100856	Due no later than Feb 29, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) HAL CAMPBELL <i>Kathleen Campbell</i> 995 NEUFELD LN POST FALLS ID 83854			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HKTT ENTERPRISES LLC 995 NEUFELD LN POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature. <i>Kathleen K Campbell</i>			
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
Manager Member (circle one)					<i>Idaho</i>	
	<i>Kathleen K Campbell</i>	<i>995 Neufeld</i>	<i>Post Falls</i>	<i>ID</i>		<i>83854</i>
	<i>Ty Campbell</i>	<i>"</i>				
	<i>Trevor Campbell</i>	<i>"</i>				
5. Organized Under the Laws of: IDAHO W 100856		6. Signature: <i>Kathleen K Campbell</i> Name (type or print): <i>Kathleen K Campbell</i>		Date: <i>3-23-12</i> Title: <i>Manager</i>		
Issued 03/19/2012 by JL1				113929		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM