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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------|---------------------|
| No. <b>W 60381</b>                                                                                                                                     |                | <b>Due no later than Mar 31, 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>                                                                                                                              |          | ALICE BRADSHAW<br>2730 S LINDER RD<br>MERIDIAN 83642 |                     |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>KINGDOM FIRST LLC<br>ALICE BRADSHAW<br>124 NW 10TH ST STE 107<br>MERIDIAN ID 83642<br>USA |          | 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                                                                                                                                                 | ALICE BRADSHAW | 2730 S LINDER RD                                                                                                                                       | MERIDIAN | ID                                                   | 83642               |
| MEMBER                                                                                                                                                 | ALAN BRADSHAW  | 2730 S LINDER RD                                                                                                                                       | MERIDIAN | ID                                                   | 83642               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 60381</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Alice Bradshaw<br>Name (type or print): Alice Bradshaw<br>Date: 01/20/2015<br>Title: Member            |          |                                                      |                     |
| Processed 01/20/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                              |          |                                                      |                     |