No. **W 16991**	**Due no later than Nov 30, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KLS&M LLC LINDA S WILLS 2011 OAKWOOD DR TWIN FALLS ID 83301	LINDA S WILLS 2011 OAKWOOD DR TWIN FALLS ID 83301 3. New 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	LINDA S WILLS	2011 OAKWOOD DR	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 16991**	Signature: Linda S Wills	Date: 09/17/2012
	Name (type or print): Linda S Wills	Title: Manager

Processed 09/17/2012

* Electronically provided signatures are accepted as original signatures.