No. <b>W 22066</b>		Due no later than Dec 31, 2015	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	4 Made	Annual Report Form  1. Mailing Address: Correct in this box if needed.  KIMBERLITE VENTURES LLC  MARC WARNKE  7017 EL CABALLO DR  BOISE ID 83704		MARC WARNKE 7017 EL CABALLO DR BOISE ID 83704  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KIMBERL MARC W						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	inter Names and Add	lresses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
MANAGER MAR	C WARNKE	7017 EL CABALLO DR	BOISE	ID		83704	
MANAGER SUS	AN WARNKE	7017 EL CABALLO DR	BOISE	ID		83704	
5. Organized Under the Laws of	: 6. Annual R	6. Annual Report must be signed.*					
ID	Signatur	Signature: Susan Warnke Date: 12/17/2015					
W 22066	Name (ty	Name (type or print): Susan Warnke Title: manager/owner					
rocessed 12/17/2015 * Electronically provided signatures are accepted as original signatures.							