

No. <b>W 104294</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KAML, LLC MICHAEL R LINDSTROM 2810 SNOWFLAKE DR BOISE ID 83706		MICHAEL R LINDSTROM 2810 SNOWFLAKE DR BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MICHAEL R LINDSTROM	Street or PO Address 2810 SNOWFLAKE DRIVE		City BOISE	State ID	Country USA	Postal Code 83706-4846
5. Organized Under the Laws of:  <b>ID</b> <b>W 104294</b>		6. Annual Report must be signed.*  Signature: Michael R. Lindstrom Name (type or print): Michael R. Lindstrom  Date: 04/21/2018 Title: Member					
Processed 04/21/2018 * Electronically provided signatures are accepted as original signatures.							