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| No. W 30498 | | Due no later than May 31, 2018 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 | | 1. Mailing Address: Correct in this box if needed. KMC ENHANCE TECH LLC MELINDA M COCKRELL 1603 MAIN ST SALMON ID 83467-4416 | | MELINDA M COCKRELL 1603 MAIN ST SALMON ID 83467 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | |
| MANAGER | MELINDA M COCKRELL | 1603 MAIN ST | SALMON | ID | USA | 83467 | |
| MANAGER | KEVIN L COCKRELL | 1603 MAIN ST | SALMON | ID | USA | 83467 | |
| 5. Organized Under the Laws of: ID W 30498 | | 6. Annual Report must be signed.* Signature: Melinda M. Cockrell Name (type or print): Melinda M. Cockrell | | | | | |
| | | Date: 06/03/2018 Title: Manager | | | | | |
| Processed 06/03/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |