No. W 151877 Return to:		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. LKM, LLC PO BOX 1361 OROFINO ID 83544		LUCI	2. Registered Agent and Address (NO PO BOX) LUCINDA B FREEMAN 864 KALASPO OROFINO ID 83544 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				ORO				
				3. <u>New</u>				
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	e Country	Postal Code	
MEMBER	LUCINDA B	FREEMAN	864 KALASPO	OROF:	INO ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lucinda Freeman			Date: 05/14/2016			
W 151877		Name (type or print): Lucinda Freeman			Title: Member			
Processed 05/14/2016 * Electronically provided signatures are accepted as original signatures.								