| No. W 89050 | | Due no later than Dec 31, 2016 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|---|-------------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KEVIN KRAAL, PLLC KEVIN KRAAL 4155 MEADOW RIDGE CIRCLE TWIN FALLS ID 83301 | 4155 MEADO\ TWIN FALLS | KEVIN KRAAL 4155 MEADOW RIDGE CIRCLE TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar | | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER DEBRA KRAA | | AL 4155 MEADOW RIDGE CIR. | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 89050 | | 6. Annual Report must be signed.* Signature: Kevin Kraal Name (type or print): Kevin Kraal | Date: 10/27/2016 Title: MD | | | | |
| Processed 10/27/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |