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|--|------------------------|---|-------|--|---------|-------------|--|
| No. W 24499 | | Due no later than Jun 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. KEVCOL, LLC TERENCE M NILAND 521 CREEKSIDE PL NAMPA ID 83686 USA | | TERENCE MICHAEL NILAND 521 CREEKSIDE PL NAMPA ID 83686 | | | |
| | | | | 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 | |
| MEMBER | TERENCE MICHAEL NILAND | 521 CREEKSIDE PL | NAMPA | ID | USA | 83686 | |
| MEMBER | KEVIN C NILAND | 521 CREEKSIDE PL | NAMPA | ID | USA | 83686 | |
| MEMBER | COLIN M NILAND | 521 CREEKSIDE PL | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: ID W 24499 | | 6. Annual Report must be signed.* Signature: Terence M. Niland Name (type or print): Terence M. Niland | | | | | |
| Date: 04/16/2012 Title: Pres/CEO | | | | | | | |
| Processed 04/16/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |