

|                                                                                                                                                        |              |                                                                                                                                                                                    |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 45289</b>                                                                                                                                     |              | <b>Due no later than Dec 31, 2012</b>                                                                                                                                              |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KENMARK, LLC<br>KENT FREITAG<br>4379 N LOCUST GROVE RD<br>MERIDIAN ID 83646-5513 |       | FREITAG KENT<br>4379 N LOCUST GROVE<br>MERIDIAN ID 83646-5513 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                                    |       | 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                                                                                                                                                 | MARK BECKMAN | 3050 W FLOATING FEATHER                                                                                                                                                            | EAGLE | ID                                                            | USA     | 83616            |  |
| MEMBER                                                                                                                                                 | KENT FREITAG | 2924 W FLOATING FEATHER                                                                                                                                                            | EAGLE | ID                                                            | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                                  |       |                                                               |         |                  |  |
| <b>ID<br/>W 45289</b>                                                                                                                                  |              | Signature: Kent Freitag                                                                                                                                                            |       |                                                               |         | Date: 10/15/2012 |  |
|                                                                                                                                                        |              | Name (type or print): Kent Freitag                                                                                                                                                 |       |                                                               |         | Title: Member    |  |
| Processed 10/15/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                          |       |                                                               |         |                  |  |