
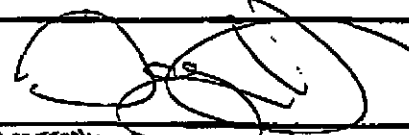


No. W 58839	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH L. MORTON III 707 E UNITED HERITAGE CT #100 MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. KT PROPERTIES, LLC KELLY HUMPHRY 1220 N COLE RD BOISE ID 83704		Taj Humphry 1220 N Cole Rd Boise ID 83704																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Taj Humphry</td> <td>1220 N Cole Rd</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelly Humphry</td> <td>1220 N Cole Rd</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Taj Humphry	1220 N Cole Rd	BOISE	ID		83704	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelly Humphry	1220 N Cole Rd	BOISE	ID		83704	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 58839	6. Signature:  Name (type or print): Taj Humphry Date: 7/22/14 Title: member																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM