No. **W 62060**	**Due no later than Apr 30, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KO TOOLS LLC KYLE ORME 1581 N 775 E SHELLEY ID 83274	KYLE ORME 1581 N 775 E SHELLEY 83274 3. New 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
MANAGER	KYLE ORME	1581 N 775 E	SHELLEY	ID		83274
MANAGER	KELSIE ORME	1581 N 775 E	SHELLEY	ID		83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62060**	Signature: Kyle Orme	Date: 03/16/2015
	Name (type or print): Kyle Orme	Title: manager

Processed 03/16/2015

* Electronically provided signatures are accepted as original signatures.