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|--|------------------------|--|--|--|-------------|---------|----------------------|
| No. W 23621 | | Due no later than Apr 30, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TRIPLE K HOME IMPROVEMENTS LLC LORIN KLINGLER 595 N 3300 E MENAN ID 83434 | | LORIN KLINGLER 595 N 3300 E MENAN 83434 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name LORIN KLINGLER | Street or PO Address 595 N 3300 E | | City MENAN | State ID | Country | Postal Code 83434 |
| 5. Organized Under the Laws of: ID W 23621 | | 6. Annual Report must be signed.* Signature: lorin klingler Name (type or print): lorin klingler Date: 04/13/2015 Title: managing member | | | | | |
| Processed 04/13/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |