| No. W 129359 | | Due no later than Sep 30, 2014 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|---------------------------------------------------------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | | BRIAN KOSONEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. KOSO KUSTOMZ LLC BRIAN C KOSONEN PO BOX 888 OSBURN ID 83849-0888 | | OSBURN ID | 211 N. 3RD ST. OSBURN ID 83849 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | BRIAN CHAR | RLES KOSONEN | 211 N. 3RD ST | OSBURN | ID | USA | 83849 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Brian Kosonen | | | Date: 07/15/2014 | | | |
| W 129359 | | Name (type or print): Brian Kosonen | | | Title: Owner | | | |
| Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |