

No. W 1612		Annual Report Form 1998		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **		Due No Later Than November 30,		1. Mailing Address - Please Correct, If Not Correct													
		KEMPCO, L.L.C. KATHARINE M PIKE PO BOX 999		KATHARINE M PIKE CLARK RD AT OPALINE RD MARSING ID 83639													
		MARSING ID 83639		3. Organized Under the Laws of: ID W 1612													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)																	
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Manager</td><td>Katharine M. Pike</td><td>Po Box 999</td><td>Marsing</td><td>Id</td><td>83639</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Katharine M. Pike	Po Box 999	Marsing	Id	83639
Office held	Name	Street or P.O. Address	City	State	Zip												
Manager	Katharine M. Pike	Po Box 999	Marsing	Id	83639												
208 Fax # 334-2282																	
5. Signature of New Registered Agent		6. <table border="1"><tr><td>Signature</td><td><i>Katharine M Pike</i></td><td>Date</td><td><i>Nov 3, 1998</i></td></tr><tr><td>Name (Typed or Printed)</td><td><i>Katharine M Pike</i></td><td>Title</td><td><i>Manager</i></td></tr></table>				Signature	<i>Katharine M Pike</i>	Date	<i>Nov 3, 1998</i>	Name (Typed or Printed)	<i>Katharine M Pike</i>	Title	<i>Manager</i>				
Signature	<i>Katharine M Pike</i>	Date	<i>Nov 3, 1998</i>														
Name (Typed or Printed)	<i>Katharine M Pike</i>	Title	<i>Manager</i>														

ISSUED: 10-03-1998

(DO NOT, TAPE OR STAPLE)

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