No. W 15604		Due no later than Jun 30, 2015		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. KILLPACK ENTERPRISES, LLC BLAINE KILLPACK 4000 WEST 65 SOUTH		4000 WEST	BLAINE KILLPACK 4000 WEST 65 SOUTH IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83402 USA		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Limited Liability Com	ipanies: Enter Nai	nes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER MANAGER	GARRY KILLPACK		461 NORTH 400 EAST 1140 N 1200 E 461 NORTH 400 EAST	FIRTH SHELLEY FIRTH	ID ID ID	USA USA	83236 83274 83236	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 15604		Signature: Blaine Killpack Name (type or print): Blaine Killpack			Date: 04/27/2015 Title: Manager			
Processed 04/27/2015	Processed 04/27/2015 * Electronically provided signatures are accepted as original signatures.							