

No. <b>W 62806</b>		<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KRP LLC BRUCE L QUALE 1730 KIMBERLY RD TWIN FALLS ID 83301		BRUCE QUALE 492 BOXWOOD CT TWIN FALLS 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	BRUCE QUALE	492 BOXWOOD CT	TWIN FALLS	ID	83301		
MANAGER	STEVE QUALE	506 ROSEWOOD DR W	TWIN FALLS	ID	83301		
MANAGER	MEL QUALE	982 CARRIAGE LN	TWIN FALLS	ID	83301		
5. Organized Under the Laws of:  <b>ID</b> <b>W 62806</b>		6. Annual Report must be signed.*  Signature: BRUCE QUALE Name (type or print): BRUCE QUALE  Date: 03/21/2015 Title: MANAGER					
Processed 03/21/2015      * Electronically provided signatures are accepted as original signatures.							