

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