



Idaho Limited Liability Company Annual Report Form

Return completed form within 30 days t	C
Idaho Secretary of State	
Attn: Annual Reports	

	Limited Liability (Company Annual R	eport Form Return completed form within 30	ດ ພ days to:⊠
	Before: 12/31/2018	Reporting Year: 2018	Idaho Secretary of State Attn: Annual Reports	uays (v.@ V
1	iling fee if received by du uired, the reinstatement fe		450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300	11/28
SOS Control Number:		g Status: Active-Existing		3/2
Limited Liability Compa	ny (D) Date	e Formed: 12/14/2006	Formation Locale: ID	2
Name and Mailing Ad K & L MANAGEMENT 3130 8TH ST C LEWISTON, ID 83501	LLC	(1) Ad	d or Change Mailing Address:	9 11:14 AM
Registered Agent (RA MEHLE WASHBURN) and Registered Office (i	RO) Address: (2) Ch	ange RA and/or RO Address:	7J 0
3130 8TH ST C LEWISTON, ID 83501				ceive
	Note: The Registered Office	e address must be a physical Idal	no address (no postal box).	<u>¢</u>
(3) New Registered Aç	gent (RA) Signature:			γd
(4) Limited Liability Compa	anies: Enter names and addr d. Changes here will not affec	esses of Managers OR Member of the entity mailing address. If it	rs. Do NOT put 'same as last year' or 'same more space is needed, please add an attach	e as above <mark>⊢</mark> nment.
Manager/Member Name	_	Business Address	City, State, Zip	- I
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(5) Signature:	Nel Washin	(6) Date: / -	-17-2019	0) C1

(7) Type/Print Name: (8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

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