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|--|---------------|--|----------|---|---------|-------------|--|
| No. W 73910 | | Due no later than May 31, 2009 | | 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 1. Mailing Address: Correct in this box if needed. K&SH, LLC KRIS THOMPSON 14949 SUNNYSLOPE RD CALDWELL ID 83607 | | KRIS THOMPSON 14949 SUNNYSLOPE RD CALDWELL ID 83607 | | | |
| | | | | 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 | |
| MEMBER | KRIS THOMPSON | 15324 ECLIPSE DR | CALDWELL | ID | USA | 83607 | |
| MEMBER | SHERRI MCCOY | 680 WOODBRIDGE ROAD | ADRIAN | OR | USA | 97901 | |
| 5. Organized Under the Laws of: ID W 73910 | | 6. Annual Report must be signed.* Signature: Sheree Mccoy Name (type or print): Sheree Mccoy | | | | | |
| Date: 05/28/2009 Title: Member | | | | | | | |
| Processed 05/28/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |