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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------|
| No. <b>W 28918</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2015</b>                                                                                                                                        |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>KCK LEADORE ANGUS, LLC<br>RICK L LINVILLE<br>PO BOX 16025<br>MISSOULA MT 59808 |            | CARL LUFKIN<br>29 TYLER LN<br>LEADORE 83464        |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                              |            | 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                                                                                                                                                | RICK L LINVILLE | PO BOX 776                                                                                                                                                                   | FRENCHTOWN | MT                                                 | 59834               |
| MANAGER                                                                                                                                                | CARL L LUFKIN   | 32 TYLER LN                                                                                                                                                                  | LEADORE    | ID                                                 | 83464               |
| MANAGER                                                                                                                                                | KARL L TYLER    | 10115 MULLAN RD                                                                                                                                                              | MISSOULA   | MT                                                 | 59808               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 28918</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: RICK LINVILLE Date: 01/21/2015<br>Name (type or print): RICK LINVILLE Title: MANAGER                                         |            |                                                    |                     |
| Processed 01/21/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                    |            |                                                    |                     |