No. W 133122 Return to:		Due no later than Feb 28, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. KLASSY1 LLC KARMAN E KLASSY 389 FOXBORO TRL HEYBURN ID 83336			2. Registered Agent and Address (NO PO BOX) KARMAN KLASSY 4971 EAGLEWOOD DR IDAHO FALLS 83401 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				IDAHO F					
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of a	at least one Member or Manager.						
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
MANAGER	KARMAN E	KLASSY	4971 EAGLEWOOD DR	IDAHO FA	ALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Karman		Date: 12/13/2014					
W 133122		Name (type or print		Title: Agent					
Processed 12/13/2014 * Electronically provided signatures are accepted as original signatures.									