No. **W 134575**	**Due no later than Feb 28, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** K. G. SERVICES, LLC KAREN GOLDTHORPE PO BOX 608 MACKAY ID 83251	KAREN GOLDTHORPE 608 ELM AVE MACKAY 83251 3. New 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	KAREN GOLDTHORPE	608 ELM AVE	MACKAY	ID	USA	83251

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 134575**	Signature: Karen Goldthorpe	Date: 01/05/2015
	Name (type or print): Karen Goldthorpe	Title: Manager

Processed 01/05/2015

* Electronically provided signatures are accepted as original signatures.