

No. W 176511	Due no later than Jan 31, 2018 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. KRAMER INSTALLATIONS, LLC TIMOTHY KRAMER 9 E TUCKER AVE PARMA ID 83660		TIMOTHY KRAMER 9 E TUCKER AVE PARMA ID 83660-8366			
			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	TIMOTHY S KRAM	9 E TUCKER AVE	PARMA	ID	USA	83660
5. Organized Under the Laws of: ID W 176511	6. Annual Report must be signed.* Signature: Timothy S Kramer Name (type or print): Timothy S Kramer		Date: 02/01/2018 Title: Manager			
Processed 02/01/2018		* Electronically provided signatures are accepted as original signatures.				