

|                                                                                                                                                        |               |                                                                                                                                             |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 144537</b>                                                                                                                                    |               | <b>Due no later than Nov 30, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>K & T SERVICES LLC<br>KAREN HEIMARK<br>1300 W HASKET CIR<br>NAMPA ID 83686 |       | KAREN HEIMARK<br>1300 W HASKET CIR<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                             |       | 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                                                                                                                                                | KAREN HEIMARK | 1300 W HASKET CR                                                                                                                            | NAMPA | ID                                                   | USA     | 83686       |  |
| MANAGER                                                                                                                                                | TATIANA GIRON | 1605 SPRUCE CREEK LOOP                                                                                                                      | NAMPA | ID                                                   | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 144537</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Karen Heimark<br>Name (type or print): Karen Heimark<br>Date: 12/30/2016<br>Title: manager  |       |                                                      |         |             |  |
| Processed 12/30/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                   |       |                                                      |         |             |  |