

No. <b>W 113015</b>		<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KINDEN VENTURES, LLC. SUSAN WELLS 5498 S MOONFIRE WAY BOISE ID 83709 USA		SUSAN WELLS 5498 S MOONFIRE WAY BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JOHN K FREI	3881 ADAMS	GARDEN CITY	ID	USA	83714	
MANAGER	SUSAN K WELLS	5498 S. MOONFIRE WAY	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID</b> <b>W 113015</b>		6. Annual Report must be signed.*  Signature: Susan Wells Name (type or print): Susan Wells					
		Date: 05/19/2014 Title: Manager					
Processed 05/19/2014 * Electronically provided signatures are accepted as original signatures.							