

|                                                                                                                                                        |                 |                                                                                                                                                      |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 122941</b>                                                                                                                                    |                 | <b>Due no later than Mar 31, 2014</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>R&K PROPERTY MANAGEMENT LLC<br>KATIE LIVERMONT<br>711 VASSAR WY<br>IDAHO FALLS ID 83402 |             | KATIE LIVERMONT<br>711 VASSAR WY<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                      |             | 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 |  |
| MEMBER                                                                                                                                                 | KATIE LIVERMONT | 711 VASSAR WAY                                                                                                                                       | IDAHO FALLS | ID                                                       | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 122941</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Katie Livermont<br>Name (type or print): Katie Livermont<br>Date: 02/15/2014<br>Title: Owner         |             |                                                          |         |             |  |
| Processed 02/15/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                            |             |                                                          |         |             |  |