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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------------------|
| No. <b>W 62883</b>                                                                                                                                     |                | <b>Due no later than May 31, 2015</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>KIRK & NANCY, LLC<br>KIRK PETERSON<br>PO BOX 51330<br>IDAHO FALLS ID 83405-1330<br>USA |             | KIRK PETERSON<br>3816 MARLENE<br>IDAHO FALLS ID 83406 |                     |
|                                                                                                                                                        |                |                                                                                                                                                         |             | 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                                                                                                                                                 | KIRK PETERSON  | 3816 MARLENE                                                                                                                                            | IDAHO FALLS | ID                                                    | 83406               |
| MEMBER                                                                                                                                                 | NANCY PETERSON | 3816 MARLENE                                                                                                                                            | IDAHO FALLS | ID                                                    | 83406               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 62883</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Kevin C Koplin<br>Name (type or print): Kevin C Koplin<br>Date: 05/13/2015<br>Title: CPA                |             |                                                       |                     |
| Processed 05/13/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                               |             |                                                       |                     |