No. L 4745		• 1		2	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. KLS&M FAMILY LIMITED PARTNERSHIP LINDA WILLS KLS&M LLC 2011 OAKWOOD DR			KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE		TWIN FALLS ID 83301		3	3. <u>New</u> Registered Agent Signature:*				
Office Held Nan	ne		Street or PO Address		City	State	Country	Postal Code	
GENERAL PARTNER LINE	DAS WILI	LS KLS&M LLC	2011 OAKWOOD DR		TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report mus	t be signed.*						
ID L 4745		Signature: LINDA S WILLS			Date: 09/21/2017				
		Name (type or prin		Title: GENERAL PARTNER					
Processed 09/21/2017	* Electronically provided signatures are accepted as original signatures.								