| No. <b>W 137674</b>  |                 | Due no later than May 31, 2018   |  | 2. Registered Age   | 2. Registered Agent and Address (NO PO BOX) |            |                |  |
|--|-----------------|--|--|---|---|------------|----------------|--|
| Return to:   |                 | Annual Report Form   |  |   | BRYSON D MORT                               |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                 | 1. Mailing Address: Correct in this box if needed.  KB MAINTENANCE LLC  BRYSON D MORT  6812 E MAPLEWOOD AVE  POST FALLS ID 83854 |  | 6812 E MAPLEWOOD AVE POST FALLS ID 83854  3. New Registered Agent Signature:* |   |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 | USA  |  |   |   |            |                |  |
| 4. Limited Liability Compar  | nies: Enter Nar | mes and Addresses o  | of at least one Member or Manager.                 |   |   |            |                |  |
| Office Held  | Name            |  | Street or PO Address                               | City  | State                                       | Country    | Postal Code    |  |
| MEMBER<br>MEMBER   |                 |  | 6812 E MAPLEWOOD AVE<br>1950 W BELLERIVE LANE #107 | POST FALLS<br>COEUR D'ALENE   | ID<br>ID                                    | USA<br>USA | 83854<br>83814 |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |  |   |   |            |                |  |
| ID<br>W 137674   |                 | Signature: bryson d mort   |  |   | Date: 04/16/2018                            |            |                |  |
|  |                 | Name (type or pr   |  | Title: member   |   |            |                |  |
| Processed 04/16/2018 * Electronically provided signatures are accepted as original signatures. |                 |  |  |   |   |            |                |  |