No. C 150377		Due r	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAMMY LA	TAMMY LARSON		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. K T S, INCORPORATED TAMMY LARSON 1285 FLORENCE AVE TWIN FALLS ID 83301		TWIN FALLS	1285 FLORENCE AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names a	nd Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	rer (optional).			
Office Held Nam	ie		Street or PO Address	City	State	Country	Postal Code
In the second control of the second control		SERSMITH MESSERSMITH	12117 CLAY STATION ROAD 12117 CLAY STATION ROAD	HERALD HERALD	CA CA	USA USA	95638 95638
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 150377		Signature: KARC		Date: 08/10/2016			
		Name (type or p		Title: SECRETARY			
rocessed 08/10/2016 * Electronically provided signatures are accepted as original signatures.							