No. W 6738 Return to:		Due no later than Aug 31, 2012 Annual Report Form	2. Registered Agent and Address (NO PO BOX) BERT L OSBORN 26 S 9TH ST PAYETTE ID 83661 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CK3 LLC PAMELA L MALMBERG 368 SW 5TH AVE ONTARIO OR 97914				
		USA				
4. Limited Liability Compar	nies: Enter Nan	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DANNY C KI	NG 368 SW 5TH AVENUE	ONTARIO	OR	USA	97914
MEMBER	LANCE C KIN	NG 368 SW 5TH AVENUE	ONTARIO	OR	USA	97914
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
OR		Signature: Pamela L Malmberg	Date: 06/12/2012			
W 6738		Name (type or print): Pamela L Malmberg	Title: Office Manager			
Processed 06/12/2012	sed 06/12/2012 * Electronically provided signatures are accepted as original signatures.					