No. W 111193  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mail KSH S JENN 6 CAN	Due no later than Feb 28, 2017 Annual Report Form  ling Address: Correct in this box if needed.  SOLUTIONS LLC.  IFER L EXON MAS DR E ID 83716 USA	2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint Blake's Registered Agent'S LLC  3. New Registered Agent Signature. See Form	
4. Limited Liability Manager or Member  Manager Member	N	anies: Enter Names and Addresses of Manager ame Street or PO Address City Nifer Exon & Camas Drive Boi	S OR Members. See Instructions.  State Country Postal Code  \$2 \$716	
Manager  Member				
Manager Member Member				
Manager ☐ Member ☐				
5. Organized Under the Laws of: 6.				
IDAHO W 111193		Signature:  Name (type or print):	Date: 3.15.17 Title:	
1		JenniferExm	nmer_	
Issued 02/27/2017 by SLD			114469	
INST	ruc	TIONS FOR THE IDAHO ANNUA	L REPORT FORM	
	ot given	e altered through the use of this form. Pay special in Block 1, strike it out and write in the correct address lock 1.		
		agent or office, strike the incorrect information and wi a street address in Idaho, <b>not a Post Office Box or</b> I		
Block 3: Only a <u>new</u> regist				
company. Note: <b>DO NOT</b> p	out "sar	Manager. Enter names and business addresses of mane as last year" or "same as above". These will more space is needed please add an attachment.		
Block 5: May not be altered	d throug	h the use of this form.		
<b>Block 6:</b> The annual report the signer below the signature		e signed by a person authorized to represent the limit	ed liability company. Print or type the name of	
** The image of this for	n will b	e available on the internet once it has been file	d. DO <u>NOT</u> enter Social Security numbers.	
website at www.sos.idaho.g	ιον. Ηον	longer doing business in Idaho, you may file the appr vever, if no timely annual report is filed, administrative gal existence. If you have any questions contact the C	action will be taken, at no cost to the limited	

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED



## STATEMENT OF CHANGE OF REGISTERED AGENT, REGISTERED OFFICE, OR BOTH

(See reverse for instructions)

2017 APR -5 AM 9: 12

SECRETARY OF STATE STATE OF IDAHO

	File #: W 111193
The age	e undersigned entity submits the following statement for the purpose of changing its registered ent, its registered office, or both, in the State of Idaho.
1.	The name of the entity is:  KSH Solutions, LLC
2.	The name and street address of the <u>old</u> registered agent and office is: Blake's Registered Agents LLC (Resigned)
	19593 Madison Rd
	Nampa, ID 83687
	The name and street address of the <u>new</u> registered agent and office in Idaho is: Annual \$46.00 - Blake's Registered Agents LLC
	19593 Madison Rd
	(not a PC box of PMB) Nampa, ID 83687
	I consent to serve as registered agent for the above-named entity.  (Signature of gas registered agent)
	3/2/17 (Date)
	Date: 3.15.[7
	Signature: VUNMAU EKM
	Printed: Jennifer Exon
	Capacity: NGP MBP
	NO FEE REQUIRED