REINSTATEMENT FEE DUE: \$30.00 4. United Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager Member Name Street or PO Address City State Country Postal Code Manager Member (circle one) // Im Astl. 33985 mw Flbf Growbew Id Owy 88624 5. Organized Under the Laws of: IDAHO W 37159 Name (type or print): Kim Astle Issued 01/30/2012 by SLD	No. W 37159 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 05/08/2008 1. Mailing Address: Correct in this box if needed. K A F, LLC PO BOX 215 33985 mud Flot Roger GRANDVIEW ID 83624	2. Registered Agent and Office (NOT A P.O. BOX) KIM ASTLE HWY 78 1460 1231) GRANDVIEW ID 83624
Manager or Member (circle one) Kin Astle 33985 must Flot Grows Id Ouy 88624 5. Organized Under the Laws of: IDAHO W 37159 Name (type or print): Kin Astle Title: more of the more o			
Manager Member (circle one) Kim Asth 33985 mul Flot Growbein Id Ony 88624 5. Organized Under the Laws of: IDAHO W 37159 Name (type or print): Kim Asthe Title: mouse			ee Instructions.
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ssued 01/30/2012 by SLD	5. Organized Under the Laws of IDAHO	÷ 6.	Date: 2/25/12
	5. Organized Under the Laws of IDAHO	Signature:	Date: 2/23/12
	5. Organized Under the Laws of IDAHO W 37159	Signature:	Date: 2/23/12