

No. W 37159	Reinstatement Annual Report Form ADMIN DISSOLVED 05/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) KIM ASTLE HWY 78 1480 1230 GRANDVIEW ID 83624														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. K A F, LLC PO BOX 215 33985 mud Flat Rd GRANDVIEW ID 83624		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code						
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<table border="1"><tbody><tr><td>Manager</td><td>Member (circle one)</td><td colspan="4"></td></tr><tr><td></td><td></td><td>Kim Astle</td><td>33985 mud Flat</td><td>Grandview</td><td>Id</td><td>83624</td></tr></tbody></table>					Manager	Member (circle one)							Kim Astle	33985 mud Flat	Grandview	Id	83624
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5. Organized Under the Laws of: IDAHO W 37159		6. Signature: <u>TL</u> Name (type or print): <u>Kim Astle</u> Date: <u>2/23/12</u> Title: <u>manager</u>															
Issued 01/30/2012 by SLD																	