

|                                                                                                                                                        |                     |                                                                                                                                                                                        |               |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 92880</b>                                                                                                                                     |                     | <b>Due no later than Apr 30, 2015</b>                                                                                                                                                  |               | <b>2. Registered Agent and Address (NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>K2 SERVICES LLC<br>KERIANA FORRESTER<br>1137 N 3RD ST<br>COEUR D ALENE ID 83814-3211 |               | KERIANA FORRESTER<br>1137 N 3RD ST<br>COEUR D ALENE 83814-3211 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                        |               | 3. <u>New</u> Registered Agent Signature:*                     |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                     |                                                                                                                                                                                        |               |                                                                |         |             |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                                   | City          | State                                                          | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | KIM BOLAND          | 1137 N 3RD ST                                                                                                                                                                          | COEUR D ALENE | ID                                                             | USA     | 83814       |  |
| MEMBER                                                                                                                                                 | KERIANA M FORRESTER | 1137 N 3RD ST                                                                                                                                                                          | COEUR D ALENE | ID                                                             | USA     | 83814       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 92880</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Keriana Forrester<br>Name (type or print): Keriana Forrester<br>Date: 02/18/2015<br>Title: Member                                      |               |                                                                |         |             |  |
| Processed 02/18/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                              |               |                                                                |         |             |  |