No. W 62826	D	Due no later than May 31, 2015 Annual Report Form		Registered Agent and Address (NO PO BOX) KENNETH KOOMPIN			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TK AG LLC KENNETH KO 3010 MCKINI		AMERICAN FAL	3010 MCKINLEY AMERICAN FALLS 83211 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	AMERICANT	ALLS 10 03211	or <u>new</u> negisteres	i rigene on	griatai e.		
4. Limited Liability Companies: Er	iter Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KLARI	ETH KOOMPIN EN KOOMPIN HEY TOEVS	3066 S FRONTAGE RD 300 SNAKE RIVER DR 2261 SCHULTZ RD	AMERICAN FALLS AMERICAN FALLS AMERICAN FALLS	S ID		83211 83211 83211	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: A	Signature: Amanda Givens		Date: 03/26/2015			
W 62826	Name (type	Name (type or print): Amanda Givens		Title: Office Manager			
Processed 03/26/2015	* Electronically provided signatures are accepted as original signatures.						