

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 848	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX											
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		KEVIN E JOHNSON											
	1. Mailing Address -- Please Correct if Not Correct		24871 GRAPHIC LN											
	K & L FARMS, LTD. CO. KEVIN E JOHNSON 24871 GRAPHIC LN 24809 WILDER ID 83676		WILDER ID 83676 3. Organized Under The Laws of ID NO: 848											
4. Names and Addresses of ☒ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Kevin E. Johnson</td> <td>24871 Graphic Ln 24809</td> <td>Wilder</td> <td>ID</td> <td>83676</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	Kevin E. Johnson	24871 Graphic Ln 24809	Wilder	ID	83676	MUST BE PRINTED OR TYPED	
Name	Street or P.O. Address	City	State	Zip										
Kevin E. Johnson	24871 Graphic Ln 24809	Wilder	ID	83676										
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <i>Kevin E. Johnson</i> Date 10-16-95 Name (Typed or Printed) Kevin E. Johnson												