

No. W 5460	Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN SIEPERT 488 N. 2000 W REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KMS, LLC KEVIN SIEPERT 2285 EAST 400 NORTH ST ANTHONY ID 83445		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Siepert	2285 E. 400N	St. Anthony Id	Idaho	USA	83445
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Milo Siepert	2285 E. 400N	St. Anthony Id	Idaho	USA	83445
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 5460</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Kevin Siepert</u> </td> <td style="width: 40%;"> Date: <u>12-20-14</u> </td> </tr> <tr> <td> Name (type or print): <u>Kevin Siepert</u> </td> <td> Title: <u>member</u> </td> </tr> </table>	Signature: <u>Kevin Siepert</u>	Date: <u>12-20-14</u>	Name (type or print): <u>Kevin Siepert</u>	Title: <u>member</u>
Signature: <u>Kevin Siepert</u>	Date: <u>12-20-14</u>				
Name (type or print): <u>Kevin Siepert</u>	Title: <u>member</u>				

Issued 12/17/2014 by SLD
126584