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|---|--------------------|--|------------|--|---------|-------------|--|
| No. C 55739 | | Due no later than May 31, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LKL, INC. LOWELL L LYTHE 102 QUAIL CREEK RD 102 Quail Creek Rd TWIN FALLS ID 83338 USA | | J ROBERT ALEXANDER 126 2ND AVE NORTH TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | KOLEAN LYTHE | 102 QUAIL CREEK DRIVE | JEROME | ID | USA | 83338 | |
| TREASURER | STEPHANIE L BUTLER | 1330 WILMORE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 55739 | | 6. Annual Report must be signed.* Signature: Koelean Lythe Name (type or print): Koelean Lythe | | | | | |
| | | Date: 06/24/2015 Title: President | | | | | |
| Processed 06/24/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |