

| | | | |
|--|---|--|--|
| No. W 158502 | Due no later than Nov 30, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) ROBERT KARPE 100 YOUNG RD KAMIAH ID 83536 |
| 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. RLK KOOSKIA LLC ROBERT KARPE 100 YOUNG RD KAMIAH ID 83536 | | 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"/> | Robert Karpe | 100 YOUNG RD | KAMIAH | ID | | 83536 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

5. Organized Under the Laws of:

6.

IDAHO
W 158502

Signature: Robert Karpe
 Name (type or print): ROBERT KARPE

Date: 9-24-17
 Title: MEMBER

Issued 09/18/2017 by DK1
109902

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM