

2012 DEC 20 AM 9: 04

FILED EFFECTIV

(Instructions on back of application)

The name of the limited liability company is:		
KB REI, LLC	MINTE	s i [] #
2. The complete street and mailing add	dresses of the initial designated office:	
(Street Address)	Ext, Nampa, ID 83687	
(Mailing Address, if different than street address)		
3. The name and complete street addr	ress of the registered agent:	
Beth Cagle (Name)	17617 11th Ave N Ext, Nampa (Street Address) 8368	ΩΣ, 7
The name and address of at least o company:	one member or manager of the limited liability	
Name	Address	_
Beth (agle	17617 11th Ave N Ext, Nampa ID	93647
Peter K. Mushinsky	17617 11th Ave N Ext, Nampa, ID a725 S Groom Way, Meridian, ID	83642
5. Mailing address for future correspor		
1+617 11 Ave /V E	xt, Nampa, ID 83687	
6. Future effective date of filing (option	nal):	
	,	
Signature of a manager, member or	authorized	
person.	Secretary of State use only	
Signature beg lago		
Typed Name: Beth Cagle		
Cianatura	==================================	
Signature Typed Name:	12/20/2012 45:4	
Typod Hamo.	CK: 1096 CT: 277412 BH: 13528 1 B 100.00 = 100.00 ORGAN LLC 1 B 20.00 = 20.00 EXPEDITE C	# 2

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