

| | | | | | |
|--|-----------------|---|------|--|---------------------|
| No. W 29139 | | Due no later than Mar 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | ALAN KLOSTERMAN 418 N 600 W PAUL 83347 | |
| | | 1. Mailing Address: Correct in this box if needed. K & S, LLC ALAN KLOSTERMAN 418 N 600 W PAUL ID 83347 | | 3. <u>New</u> Registered Agent Signature: * | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MEMBER | ALAN KLOSTERMAN | 418 N 600 W | PAUL | ID | 83347 |
| MEMBER | WADE SHORT | 418 N 600 W | PAUL | ID | 83347 |
| 5. Organized Under the Laws of: ID W 29139 | | 6. Annual Report must be signed.* Signature: Alan Klosterman Name (type or print): Alan Klosterman Date: 03/22/2015 Title: member | | | |
| Processed 03/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |