

No. W 50366	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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		KAROL WARD 1410 BLUE LAKE DR HAILEY 83333			
	KAROL WARD & CO. LLC KAROL WARD PO BOX 1522 HAILEY ID 83333		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
MANAGER	KAROL WARD	PO BOX 1522	HAILEY	ID		83333
5. Organized Under the Laws of: ID W 50366		6. Annual Report must be signed.* Signature: karol ward Name (type or print): karol ward Date: 03/25/2015 Title: owner				
Processed 03/25/2015		* Electronically provided signatures are accepted as original signatures.				