



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 12/31/2019

Return completed form within 30 days

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 45663

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/07/1999

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

KWL, LLC

PO BOX 247

NAMPA, ID 83653-0247

## Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

BETTE M GREENE

5700 E FRANKLIN RD STE 200

NAMPA, ID 83687 (CANYON COUNTY)

Note: The Registered Office address must be a physical Idaho address (no postal box).

## (3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	BETTE M. GREENE,	3432 HOLDEN LANE,	JOHNSTOWN, CO USA 80534-743532
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	AS THE CURRENT		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	SOLE TRUSTEE OF		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	TRUST B OF THE KEN-		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	NETH & BETTE LEE		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	FAMILY TRUST, U/T/A		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	DATED 12/13/1990 & AS		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	THEREAFTER AMENDED		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	BY A FIRST TRUST AMEND-		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	MENT DATED 2/7/2006		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	OA/KWL-2019-ANN-RPT.wpd		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Bette M. Greene

(6) Date:

11-26-19

(7) Type/Print Name:

BETTE M. GREENE

(8) Title:

TRUSTEE OF TRUST B,  
LLC MEMBER/MANAGER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0357-9888 12/03/2019 9:18 AM Received by ID Secretary of State Lawrence Denney