

1.) CORPORATION NAME: KR II Corporation	DUE DATE: 11/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GREGORY J DUERKSEN 40 STONERIDGE DR STE 101 WAYNESBORO, VA	SCC ID NO: 06858930				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WAYNESBORO CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 STONERIDGE DR STE 101

CITY/ST/ZIP: WAYNESBORO, VA 22980

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GREGORY DUERKSEN TITLE: CHAIRMAN/PRES ADDRESS: 9280 SANDY PINES LANE CITY/ST/ZIP/CO: HAYES, VA 23072	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JON LEAFSTEDT TITLE: MGR PARTNER ADDRESS: 1100 BRIAR RIDGE CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KARL PETER SCHLICHTING TITLE: OFFICER ADDRESS: TALSTRASSE 20 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GREGORY DUERKSEN	GREGORY DUERKSEN, CHAIRMAN/PRES	9/23/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.