

|                                                                                                                                                        |                  |                                                                                                                                                    |        |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 123545</b>                                                                                                                                    |                  | <b>Due no later than Mar 31, 2018</b>                                                                                                              |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PKM PROPERTIES, LLC<br>PAMELLA K MILLER<br>809 E 1000 N<br>RUPERT ID 83350<br>USA |        | ROBERT B CURTIS<br>11600 S ARLINGTON<br>IDAHO FALLS ID 83404 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |        | 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                                                                                                                                                 | PAMELLA K MILLER | 809 E 1000 N                                                                                                                                       | RUPERT | ID                                                           | USA     | 83350            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                  |        |                                                              |         |                  |  |
| <b>ID<br/>W 123545</b>                                                                                                                                 |                  | Signature: Pamella K Miller                                                                                                                        |        |                                                              |         | Date: 03/31/2018 |  |
|                                                                                                                                                        |                  | Name (type or print): Pamella K Miller                                                                                                             |        |                                                              |         | Title: owner     |  |
| Processed 03/31/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |        |                                                              |         |                  |  |