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|--|--|--|--|------------------------------------|---------|-------------|
| No. <b>W 90607</b>   | <b>Due no later than Feb 28, 2013</b><br><b>Annual Report Form</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>                    |  | CHRISTINA KEYES<br>3548C E 4000 N<br>KIMBERLY ID 83341 |                                    |         |             |
|  | KEYES TO SAFETY, LLC<br>AARON J KEYES<br>3548B E 4000 N<br>KIMBERLY ID 83341 |  | 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  | AARON J KEYES  | 3548B E 4000 N   | KIMBERLY   | ID                                 | USA     | 83341       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 90607</b>   |  | 6. Annual Report must be signed.*<br>Signature: Christina Keyes<br>Name (type or print): Christina Keyes |  | Date: 01/16/2013<br>Title: Manager |         |             |
| Processed 01/16/2013   |  | * Electronically provided signatures are accepted as original signatures.                                |  |                                    |         |             |