

No. <b>W 71404</b>	<b>Due no later than Feb 28, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  KEYMED PROPERTIES, LLC MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201		MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201			
			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	MATTHEW K ARMSTRONG	6075 FRUITWOOD LN	POCATELLO	ID	USA	83204
MEMBER	WILLIAM J ARMSTRONG	405 SPOON	POCATELLO	ID	USA	83204
5. Organized Under the Laws of:  <b>ID W 71404</b>	6. Annual Report must be signed.* Signature: Matt Armstrong Name (type or print): Matt Armstrong		Date: 03/04/2011 Title: Member			
Processed 03/04/2011		* Electronically provided signatures are accepted as original signatures.				