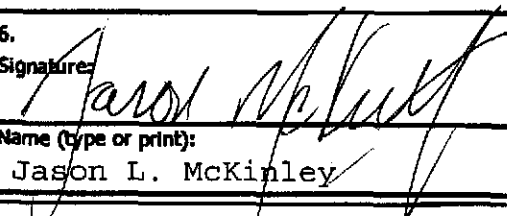


No. W 63075	Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MCKINLEY ENTERPRISES LLC PO BOX 1225 LEWISTON ID 83501		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jason L. McKinley,	609 Bryden Ave., Ste. B,	Lewiston, ID 83501
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Karen McKinley,	609 Bryden Ave., Ste. B,	Lewiston, ID 83501
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 63075 </div>	6. Signature:  <hr/> Name (type or print): Jason L. McKinley		
	Date: <u>6-24-14</u> Title: <u>Member</u>		
Issued 03/27/2014 by KAH			