

No. W 1210	Annual Report Form <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct KMY PROPERTIES, LLC ROBERT E YEARSLEY 505 E ROOSTER DR EAGLE ID 83616		ROBERT E YEARSLEY 505 E ROOSTER DR EAGLE ID 83616 3. Organized Under the Laws of: ID W 1210																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>ROBERT E. YEARSLEY</td> <td>505 E. ROOSTER DR.</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>MANAGER</td> <td>ILAREN H. YEARSLEY</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	ROBERT E. YEARSLEY	505 E. ROOSTER DR.	EAGLE	ID	83616	MANAGER	ILAREN H. YEARSLEY	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
MANAGER	ROBERT E. YEARSLEY	505 E. ROOSTER DR.	EAGLE	ID	83616																	
MANAGER	ILAREN H. YEARSLEY	"	"	"	"																	
5. SIGNATURE OF CURRENT RA ANY LAWFUL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Robert E. Yearsley</i></u> Date <u>7-16-96</u> Name (Typed or Printed) <u>ROBERT E. YEARSLEY</u> Title <u>MANAGER</u> ISSUED: 07-08-1996 1063																				