

|                                                                                                                                                        |                     |                                                                                                                                                           |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 78887</b>                                                                                                                                     |                     | <b>Due no later than Nov 30, 2012</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>LLKM PROPERTIES LLC<br>JOHN BURTENSHAW<br>3299 E 17TH ST<br>AMMON ID 83406               |       | JOHN BURTENSHAW<br>3299 E 17TH ST<br>AMMON ID 83406 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                           |       | 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                                                                                                                                                | CHRISTINE M ADAMSON | 3299 E. 17TH STREET                                                                                                                                       | AMMON | ID                                                  | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78887</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Christine Adamson<br>Name (type or print): Christine Adamson<br>Date: 11/21/2012<br>Title: Office Manager |       |                                                     |         |             |  |
| Processed 11/21/2012                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                 |       |                                                     |         |             |  |