

No. <b>C 156143</b>		<b>Due no later than Aug 31, 2009</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, INC. MATTHEW K ARMSTRONG 215 N 9TH AVE STE A POCATELLO ID 83201 USA		MATTHEW K ARMSTRONG 215 N 9TH AVE STE A POCATELLO ID 83201			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MATTHEW K ARMSTRONG	215 N 9TH SUITE A	POCATELLO	ID	USA	83201	
SECRETARY	WILLIAM J ARMSTRONG	215 N 9TH SUITE A	POCATELLO	ID	USA	83201	
DIRECTOR	RACHEL C ARMSTRONG	426 W LEWIS	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:  <b>ID</b> <b>C 156143</b>		6. Annual Report must be signed.*  Signature: Matthew Armstrong Name (type or print): Matthew Armstrong					
		Date: 06/22/2009 Title: President					
Processed 06/22/2009		* Electronically provided signatures are accepted as original signatures.					