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|--|---------------------|--|-----------|--|---------|-------------|--|
| No. C 156143 | | Due no later than Aug 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | MATTHEW K ARMSTRONG 215 N 9TH AVE STE A POCATELLO ID 83201 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | KEYMED, INC. MATTHEW K ARMSTRONG 215 N 9TH AVE STE A POCATELLO ID 83201 USA | | | | | |
| 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 | 231 S ARTHUR | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: ID C 156143 | | 6. Annual Report must be signed.* Signature: Matthew Armstrong Name (type or print): Matthew Armstrong | | Date: 07/12/2012 Title: President | | | |
| Processed 07/12/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |