

|                                                                                                                                                        |                |                                                                                                                     |       |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 139081</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2016</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>MKM PROPERTIES LLC<br>PO BOX 873<br>EAGLE ID 83616 |       | KAREN MITCHELL<br>462 E SHORE DR SUITE 140<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                     |       | 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      |  |
| MEMBER                                                                                                                                                 | KAREN MITCHELL | PO BOX 873                                                                                                          | EAGLE | ID                                                           | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                   |       |                                                              |         |                  |  |
| <b>ID<br/>W 139081</b>                                                                                                                                 |                | Signature: Karen Mitchell                                                                                           |       |                                                              |         | Date: 04/25/2016 |  |
|                                                                                                                                                        |                | Name (type or print): Karen Mitchell                                                                                |       |                                                              |         | Title: Officer   |  |
| Processed 04/25/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                           |       |                                                              |         |                  |  |