No. **C 165118**	**Due no later than Feb 28, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** WALKER KELLY, INC. DELORES L. WALKER KELLY 8449 AMHERST DR. BOISE ID 83704 USA	DELORES WALKER-KELLY 8449 AMHERST DR. BOISE ID 83704 3. New 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
DIRECTOR	DELORES L. WALKER KELLY	8449 AMHERST DR.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 165118**	Signature: Delores Walker Kelly	Date: 02/14/2011
	Name (type or print): Delores Walker Kelly	Title: Director

Processed 02/14/2011

* Electronically provided signatures are accepted as original signatures.