No. <b>W 44541</b>		Due no later than Nov 30, 2009		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BKO LLC T. DOUGLAS O'BRIEN 444 HICKORY CIR IDAHO FALLS ID 83404		415 W SUNNY IDAHO FALLS	BARRY H O'BRIEN 415 W SUNNYSIDE RD IDAHO FALLS ID 83402  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE			a of at least are Marshar as Marsar					
4. Limited Liability Compar Office Held	nies: Enter Nar Name	nes and Addresse	s of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
MANAGER MEMBER MEMBER MEMBER	T. DOUGLAS O'BRIEN NANCY J O'BRIEN BARRY H O'BRIEN KEVIN P O'BRIEN		444 HICKORY CIR 444 HICKORY CIR 415 W SUNNYSIDE RD 4011 50TH AVE NE	IDAHO FALLS IDAHO FALLS IDAHO FALLS SEATTLE	ID ID ID WA	USA USA USA USA	83404 83404 83402 98105	
5. Organized Under the Laws of:  ID  W 44541		6. Annual Report must be signed.* Signature: T. Douglas O'Brien Name (type or print): T. Douglas O'Brien			Date: 09/14/2009 Title: General Partner			
Processed 09/14/2009		* Electronically pr	ovided signatures are accepted as origina	l signatures.				