No. <b>W 90607</b>		Due no later than Feb 28, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		2540D 5 400	CHRISTINA KEYES 3548B E 4000 N			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KEYES TO SAFETY, LLC  AARON J KEYES  PO BOX 590  KIMBERLY ID 93341		KIMBERLY II	KIMBERLY ID 83341  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHRISTINA I	M KEYES	3548B E 4000 N	KIMBERY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 90607		Signature: Christina Keyes			Date: 04/02/2018			
		Name (type or		Title: Manager				
rocessed 04/02/2018 * Electronically provided signatures are accepted as original signatures.								