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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------|
| No. <b>W 4405</b>                                                                                                                                      |            | Due no later than Jul 31, 2014                                                                                                                               |            | 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>Annual Report Form</b><br><b>1. Mailing Address: Correct in this box if needed.</b><br>PAUL KENNY LLC<br>PAUL KENNY<br>P O BOX 953<br>SUN VALLEY ID 83353 |            | PAUL KENNY<br>3661 BUTTERCUP<br>HAILEY ID 83333    |                     |
|                                                                                                                                                        |            |                                                                                                                                                              |            | 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 |
| MANAGER                                                                                                                                                | PAUL KENNY | P O BOX 953                                                                                                                                                  | SUN VALLEY | ID                                                 | USA 83353           |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                            |            |                                                    |                     |
| <b>ID<br/>W 4405</b>                                                                                                                                   |            | Signature: Paul Kenny<br>Name (type or print): Paul Kenny                                                                                                    |            | Date: 05/11/2014<br>Title: President               |                     |
| Processed 05/11/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                    |            |                                                    |                     |