No. W 44541	DUE NO LATER THAN NOV 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return for: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable BKO LLC 444 HICKORY CIR IDAHO FALLS, ID 83404	BARRY H O'BRIEN 415 W SUNNYSIDE RD IDAHO FALLS, ID 83402 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office held	Name	Street or P.O. Address	City	State	Zip
Managing Partner	T. Douglas O'Brien	444 Hickory Circle	Idaho Falls,	ID	83404

5. Organized Under the Laws of:	6.
IDAHO W 44541	Signature T. Douglas O'Brien Date 9/9/08 Name (Typed or Printed) T. Douglas O'Brien Title Managing Partner

Issued 9/9/2008 by SL1

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). **Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.**

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

** **The image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.**

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

REV. (5/07)