

No. W 71404		Due no later than Feb 28, 2015 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		1. Mailing Address: Correct in this box if needed. KEYMED PROPERTIES, LLC MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201		MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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
MEMBER	MATTHEW K ARMSTRONG	6075 FRUITWOOD LN		POCATELLO	ID	83204	
MEMBER	WILLIAM J ARMSTRONG	405 SPOON		POCATELLO	ID	83204	
5. Organized Under the Laws of: ID W 71404		6. Annual Report must be signed.* Signature: Matthew Armstrong Name (type or print): Matthew Armstrong Date: 12/15/2014 Title: Agent					
Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures.							