

No. <b>W 71404</b>		Due no later than Feb 28, 2009		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  KEYMED PROPERTIES, LLC MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201		MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201			
				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	USA	83204	
MEMBER	WILLIAM J ARMSTRONG	405 SPOON	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 71404</b>		Signature: Matthew K Armstrong Name (type or print): Matthew K Armstrong				Date: 12/10/2008 Title: Member	
Processed 12/10/2008		* Electronically provided signatures are accepted as original signatures.					