

|                                                                                                                                                        |                  |                                                                                                                                                                                       |          |                                                              |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|
| No. <b>C 54857</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2011</b>                                                                                                                                                 |          | 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><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>B.M.K., INC.<br>BARBARA CRAVEN<br>12997 WEST STAGE COACH RD.<br>NAMPA ID 83686-9133 |          | BARBARA CRAVEN<br>12997 W. STAGE COACH RD.<br>NAMPA ID 83686 |         |             |
|                                                                                                                                                        |                  |                                                                                                                                                                                       |          | 3. <u>New</u> Registered Agent Signature:*                   |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                                       |          |                                                              |         |             |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                  | City     | State                                                        | Country | Postal Code |
| DIRECTOR                                                                                                                                               | KARRIE HOLM      | 18700 KOSICH DR                                                                                                                                                                       | SARATOGA | CA                                                           | USA     | 95070       |
| DIRECTOR                                                                                                                                               | MARK CLEMENTS    | 8634 DEER FLAT                                                                                                                                                                        | NAMPA    | ID                                                           | USA     | 83686       |
| SECRETARY                                                                                                                                              | MATTHEW CLEMENTS | 12035 W STAGECOACH RD                                                                                                                                                                 | NAMPA    | ID                                                           | USA     | 83686       |
| PRESIDENT                                                                                                                                              | BARBARA CRAVEN   | 12997 W STAGECOACH RD                                                                                                                                                                 | NAMPA    | ID                                                           | USA     | 83686       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 54857</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Matthew Clements<br>Name (type or print): Matthew Clements<br><br>Date: 12/05/2010<br>Title: Secretary                                |          |                                                              |         |             |
| Processed 12/05/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                             |          |                                                              |         |             |