

|                                                                                                                                                        |                 |                                                                                                                                          |       |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 106438</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br>MCKENZIE PROPERTY, LLC<br>KELLY M KIENLEN<br>174 N 3965 E<br>RIGBY ID 83442 |       | KELLY M KIENLEN<br>174 N 3965 E<br>RIGBY ID 83442  |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                          |       | 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                                                                                                                                                | KELLY M KIENLEN | 174 N 3965 E                                                                                                                             | RIGBY | ID                                                 | USA     | 83442            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                        |       |                                                    |         |                  |  |
| <b>ID<br/>W 106438</b>                                                                                                                                 |                 | Signature: Kelly M Kienlen                                                                                                               |       |                                                    |         | Date: 08/01/2015 |  |
|                                                                                                                                                        |                 | Name (type or print): Kelly M Kienlen                                                                                                    |       |                                                    |         | Title: Manager   |  |
| Processed 08/01/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                    |         |                  |  |