No. C 172424		Du	e no later than Apr 30, 2008	2. Registered	. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PETE JOHNSON 678 NORTH COVE COLONY WAY EAGLE ID 83616 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KELLEY JOHNSON MEMORIAL FOUNDATION, INC. (THE) PETE JOHNSON 678 NORTH COVE COLONY WAY EAGLE ID 83616						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PETE JOHNS	SON	678 N. COVE COLONY WAY	EAGLE	ID	USA	83616	
DIRECTOR	DIRECTOR RICHARD KA		990 WEST OAK HAMPTON DR	EAGLE	ID	USA	83616	
DIRECTOR	ECTOR RUTH KANEMAS		990 WEST OAK HAMPTON DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Beth A Hildebrand			Date: 05/12/2008			
C 172424		Name (type or print): Beth A Hildebrand			Title: Accountant			
Processed 05/12/2008	* Electronically provided signatures are accepted as original signatures.							