

No. W 44541	Due no later than November 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BKO LLC 444 HICKORY CIR IDAHO FALLS, ID 83404		BARRY H O'BRIEN 415 W SUNNYSIDE RD IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature																		
NO FILING FEE IF RECEIVED BY DUE DATE																					
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>T. Douglas O'Brien</td> <td>444 Hickory Cir</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Partner</td> <td>Nancy T O'Brien</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	T. Douglas O'Brien	444 Hickory Cir	Idaho Falls,	ID	83404	Partner	Nancy T O'Brien				
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Manager	T. Douglas O'Brien	444 Hickory Cir	Idaho Falls,	ID	83404																
Partner	Nancy T O'Brien																				
5. Organized Under the Laws of: IDAHO W 44541	6. Signature <u>T Douglas O'Brien</u> Date <u>9/10/07</u> Name (Typed or Printed) <u>T Douglas O'Brien</u> Title <u>Manager</u>																				

Issued 09/04/2007

Do Not Tape or Staple

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