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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------------|
| No. <b>W 115995</b>                                                                                                                                    |                | <b>Due no later than Jul 31, 2013</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>KENNEDY PROPERTIES 6987, LLC<br>CHALMARIE HERR<br>PO BOX 205<br>BONNERS FERRY ID 83805 |               | CHALMARIE HERR<br>566 TIMBERLAND RD<br>BONNERS FERRY ID 83805 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                          |               | 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                                                                                                                                                 | CHALMARIE HERR | PO BOX 205                                                                                                                                                                               | BONNERS FERRY | ID                                                            | USA 83805           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115995</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Chalmarie Herr<br>Name (type or print): Chalmarie Herr<br>Date: 06/26/2013<br>Title: Member                                              |               |                                                               |                     |
| Processed 06/26/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                |               |                                                               |                     |