No. <b>W 95801</b> Return to:		Due no later than Aug 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  PH KEENELAND, LLC MICHAEL N FERY 350 N. 9TH 2ND FLOOR BOISE ID 83715		2.	2. Registered Agent and Address (NO PO BOX)  MICHAEL N FERY 350 N. 9TH 2ND FLOOR BOISE ID 83705  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code	
MANAGER	MICHAEL N	FERY	350 N. 9TH 2ND FLOOR	E	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 95801		Signature: Michael N Fery			Date: 06/22/2015				
		Name (type or print): Michael N Fery			Title: Manager				
Processed 06/22/2015	rocessed 06/22/2015 * Electronically provided signatures are accepted as original signatures.								