

No. W 71404		Due no later than Feb 29, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. KEYMED PROPERTIES, LLC MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201		MATTHEW K ARMSTRONG 215 N 9TH STE A POCATELLO ID 83201			
				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	MATTHEW K ARMSTRONG	6075 FRUITWOOD LN	POCATELLO	ID	USA	83204	
MEMBER	WILLIAM J ARMSTRONG	405 SPOON	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID W 71404		6. Annual Report must be signed.* Signature: Matthew Armstrong Name (type or print): Matthew Armstrong Date: 12/09/2011 Title: Member					
Processed 12/09/2011		* Electronically provided signatures are accepted as original signatures.					