No. **W 71404**	**Due no later than Feb 29, 2016**	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. New 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		83204
MEMBER	WILLIAM J ARMSTRONG	405 SPOON	POCATELLO	ID		83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71404**	Signature: Matthew Armstrong	Date: 01/13/2016
	Name (type or print): Matthew Armstrong	Title: Member

Processed 01/13/2016

* Electronically provided signatures are accepted as original signatures.