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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|-------------------------------------------|-------------|
| No. <b>L 2356</b>                                                                                                                                      |                  | <b>Due no later than Jan 31, 2016</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>HIRNING FAMILY LIMITED PARTNERSHIP<br>THOMAS HOLMES JONES CHARTERED<br>PO BOX 967<br>POCATELLO ID 83204 |           | ARTHUR J HIRNING<br>509 YELLOWSTONE AVE<br>POCATELLO ID 83201 |                                           |             |
|                                                                                                                                                        |                  |                                                                                                                                                                                                           |           | 3. <u>New</u> Registered Agent Signature:*                    |                                           |             |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                                      | City      | State                                                         | Country                                   | Postal Code |
| GENERAL PARTNER                                                                                                                                        | ARTHUR J HIRNING | 509 YELLOWSTONE                                                                                                                                                                                           | POCATELLO | ID                                                            | USA                                       | 83201       |
| GENERAL PARTNER                                                                                                                                        | CLAIRA HIRNING   | 509 YELLOWSTONE                                                                                                                                                                                           | POCATELLO | ID                                                            | USA                                       | 83201       |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                                         |           |                                                               |                                           |             |
| <b>ID<br/>L 2356</b>                                                                                                                                   |                  | Signature: Thomas J. Holmes<br>Name (type or print): Thomas J. Holmes                                                                                                                                     |           |                                                               | Date: 11/16/2015<br>Title: agent/attorney |             |
| Processed 11/16/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                                 |           |                                                               |                                           |             |