

No. L 4522		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COUCH FAMILY LIMITED PARTNERSHIP BRAD COUCH 4061 SHADOW MOUNTAIN IDAHO FALLS ID 83404 USA		BRAD COUCH 4061 SHADOW MOUNTAIN IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	BRAD COUCH	4061 SHADOW MOUNTAIN TR		IDAHO FALLS	ID	USA	83404
GENERAL PARTNER	ROZ COUCH	4061 SHADOW MOUNTAIN TR		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID L 4522		6. Annual Report must be signed.* Signature: Brad Couch Name (type or print): Brad Couch Date: 09/27/2013 Title: President					
Processed 09/27/2013		* Electronically provided signatures are accepted as original signatures.					