

No. L 5170

Due no later than February 28, 2009

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BEN GOMM FAMILY LIMITED PARTNERSHIP  
DORENE GOMM  
1554 N 700 E  
SHELLEY, ID 83274DORENE GOMM  
1554 N 700 E  
SHELLEY, ID 83274NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Ben Gomm	1554 No 700 E	Shelley	ID	83274
V. Pres.	Dorene Gomm	1554 No 700 E	Shelley	ID	83274

5. Organized Under the Laws of:

IDAHO  
L 5170

6.

Signature

*Ben P. Gomm*

Date

01/06/09

Name (Typed or Printed)

Ben Gomm

Title

Pres.

Issued 12/01/2008

Do Not Tape or Staple

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