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|--|---------------------|--|-----------|--|---------|-------------|--|
| No. J 1034 | | Due no later than Aug 31, 2018 | | 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 | | WILLIAM ARMSTRONG 215 N 9TH ST STE A POCATELLO ID 83201-5278 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | CPA PROPERTIES, L.L.P. WILLIAM J ARMSTRONG 215 NORTH 9TH AVENUE SUITE A POCATELLO ID 83201-5278 | | | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER | WILLIAM J ARMSTRONG | 215 NORTH 9TH AVENUE | POCATELLO | ID | USA | 83201-5278 | |
| PARTNER | DORAN LAMBSON | 215 NORTH 9TH AVENUE | POCATELLO | ID | USA | 83201-5278 | |
| PARTNER | JEFFREY D CLARK | 215 N 9TH AVENUE | POCATELLO | ID | USA | 83201-5278 | |
| 5. Organized Under the Laws of: ID J 1034 | | 6. Annual Report must be signed.* Signature: WILLIAM J ARMSTRONG Name (type or print): WILLIAM J ARMSTRONG | | Date: 09/25/2018 Title: PARTNER | | | |
| Processed 09/25/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |