

No. L 4293	Due no later than December 31, 2006 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box. If applicable WILLIAMSON EAGLE ISLAND B/S RANCH F 850 WILLIAMSON LN EAGLE, ID 83616		SYLVAN D WILLIAMSON 850 WILLIAMSON LN EAGLE, ID 83616																			
			3. New Registered Agent Signature																			
4. Limited Partnerships: Enter Names and Business Addresses of General Partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>General Partner</td> <td>Sylvan Williamson</td> <td>850 Williamson Lane</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>"</td> <td>Barbara Williamson</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	General Partner	Sylvan Williamson	850 Williamson Lane	Eagle	ID	83616	"	Barbara Williamson	"	"	"	"
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General Partner	Sylvan Williamson	850 Williamson Lane	Eagle	ID	83616																	
"	Barbara Williamson	"	"	"	"																	
5. Organized Under the Laws of: IDAHO L 4293		6. Signature <u>Sylvan Williamson</u> Date <u>10-24-06</u> Name (Typed or Printed) <u>Sylvan Williamson</u> Title <u>Gen Partner</u>																				

Issued 10/02/2006

Do Not Tape or Staple

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