Page 1 of 1

Annual report form for L 3966

7066	Due se		2. Registered Agent and Office (NOT A						
No. L 3966	Due no later than Dec 31, 20 Annual Report Form			<b>フ</b>	P.O. BOX	3			
Return to:					CLAIR THUESON				
SECRETARY OF STATE 450 N 4th STREET						259 MOHAWK AVE REXBURG ID 83440			
PO BOX 83720					1,77,001,	TEXACINE ID 05110			
BOJSE, ID 83720-0080	CLAIR THUESON				No. 1 No. 1 to 1				
	259 MOHAWK AVE			3. New Registered Agent Signature.					
NO FILING FEE IF RECEIVED BY DUE DATE	REXBURG IC	63 <del>44</del> 0			NA			•	
4. Limited Partherships: Ent	er Names and Bust			ş.			_		
Office Held Name	IP WG & by the Fr [4] fight, served the part of Superances	Street or	PO Address	***************************************	"CIA""		Config.	Postal Code	
GEN POINTE CLAIR O:	Threeon	259 MOHEN			<i>r</i> Burg		DEVON	83440 83440	
GEN. FREINGR ANNER	MODBUITT. 6	259 MoH	whene	Ke	rbueg	TOWN	HO O SM	05470	
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5. Organized Under the Law	es of: a.	0	771						
704110	Signature: ( pire ) when					PO-18-21 tabed			
IDAHO	Name (type or print): CLAIR O. THUESON					Title: PRETMEE			
L 3966									
Issued 12/31/2009 by SL1							2	00912005922	
	DUCTIONS	EAR THE I		ALIMI	PERM	DT EAL	D M		

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Mote: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the requirered agent must be at a street address in Idaho; not a Post Office flow of Personal Mail Box.

Block 3: Only a new registered agent must rign in Block 3.

Black 4: Enter names and business addr*topes of general* partners. Note: <u>Do not put "same as lest year" or "same as above".</u>
These Will not be accepted. Changes here will not effect the address in Block 1. Be sure to include office held for until name listed.

Block 5: May not be altered through the one of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has treen filed. DO <u>NOT</u> enter Social Security numbers.

If the Limited Partnership is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idahu.guv. However, if no timely amual report is filed, administrative action will be taken, at no cost to the Limited Partnership to terminate the ingal existance. If you have any questions contact the Commercial Division at (208) 331-2301.

POSTMARK DATES WILL NOT BE ACCEPYED