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|--|---------------|--|-------|---|---------|-------------|--|
| No. L 3293 | | Due no later than Dec 31, 2016 | | 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 | | L JACK STOLFO 787 S. THORNWOOD WAY BOISE ID 83642 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| STOLFO FAMILY LIMITED PARTNERSHIP L JACK STOLFO PO BOX 140077 BOISE ID 83714 | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | L JACK STOLFO | P.O. BOX 140077 | BOISE | ID | USA | 83714 | |
| 5. Organized Under the Laws of: ID L 3293 | | 6. Annual Report must be signed.* Signature: Jack Stolfo Name (type or print): Jack Stolfo | | Date: 12/19/2016 Title: General Partner | | | |
| Processed 12/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |