

FILED EFFECTIVE

No. L 5134	Reinstatement Annual Report Form ADMIN TERMINATED 03/06/2009		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PCM FAMILY LIMITED PARTNERSHIP (THE) 5319 N EDENBURGH 1418 E Green Haven St BOISE ID 83714 Meridian ID 83646	PAMELA OPP JONES 5319 N EDENBURGH BOISE ID 83714 Same															
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.														
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pam Jones</td> <td></td> <td>1418 E Green Haven St</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code	Pam Jones		1418 E Green Haven St	Meridian	ID		83646
General Partners	Name	Street or PO Address	City	State	Country	Postal Code											
Pam Jones		1418 E Green Haven St	Meridian	ID		83646											
5. Organized Under the Laws of: IDAHO L 5134	6. Signature: <u>Pam Jones</u> Name (type or print): <u>Pam Jones</u>			Date: <u>2/13/17</u> Title: <u>General Partner</u>													
Issued 02/13/2017 by online																	