No. L 6875	Due no later than May 31, 2014	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	Annual Report Form	GREGORY C CALDER
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. 360 MH LLLP 637 N 2800 E ST ANTHONY ID 83445	2105 CORONADO IDAHO FALLS ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature.
4. Limited Partnerships: Enter Names and Business Addresses of general partners.		
LOWENT - ASSEST THESE GOT IN SECTION - LISA		
Course - Horber Trustees;		
Dan Harshbarger Wande Harshbarger		
Ltd. Partner	Dow Harshbarger 637 M. 2500E. St. AN	thony, Id. Fremont 83445
Ltd. Partner Dow Harabbarger 637 N. 2800 E. St. Anthony, Id. Fredowt 83445 Ltd. Partner Wands Harabbarger 637 N. 2800 E. St. Anthony, Id Fredowt 83445 USR		
USR		
5. Organized Under the La	ws of:   6.	<del></del>
o. organized oracl are Ed	Signature: $\Lambda$	Date:
IDAHO		<del></del>
L 6875	- Jay and bang	
L 00/3	Name (type or print):	Title:
	DON HARSHBARGER	Trustee ! Ltd. Part.
Issued 04/22/2014 by CLH		119220

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**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. **Note:** 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 registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** 

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

Block 4: Enter names and business addresses of general partners. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use 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 been filed. DO NOT enter Social Security numbers.

If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED