

|                                                                                                                                                        |                 |                                                                                                                                               |           |                                                          |         |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|---------------------|--|
| No. <b>L 6950</b>                                                                                                                                      |                 | <b>Due no later than Dec 31, 2016</b>                                                                                                         |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                     |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FRY CREEK II, LP<br>DARWIN W BROWN<br>108 S SECOND AVE<br>SANDPOINT ID 83864 |           | DARWIN W BROWN<br>108 S SECOND AVE<br>SANDPOINT ID 83864 |         |                     |  |
|                                                                                                                                                        |                 |                                                                                                                                               |           | 3. <u>New</u> Registered Agent Signature:*               |         |                     |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                          | City      | State                                                    | Country | Postal Code         |  |
| GENERAL PARTNER                                                                                                                                        | DARWIN W BROWN  | 108 S SECOND AVE                                                                                                                              | SANDPOINT | ID                                                       |         | 83864               |  |
| GENERAL PARTNER                                                                                                                                        | CAROLYN J BROWN | 108 S SECOND AVE                                                                                                                              | SANDPOINT | ID                                                       |         | 83864               |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                             |           |                                                          |         |                     |  |
| <b>ID<br/>L 6950</b>                                                                                                                                   |                 | Signature: Carolyn Brown                                                                                                                      |           |                                                          |         | Date: 11/02/2016    |  |
|                                                                                                                                                        |                 | Name (type or print): Carolyn Brown                                                                                                           |           |                                                          |         | Title: Gen. Partner |  |
| Processed 11/02/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                     |           |                                                          |         |                     |  |