

No. L 4431	Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		REED SQUIRES 132 EAST FIRST STREET REXBURG ID 83440	
	REED SQUIRES FAMILY LIMITED PARTNERSHIP REED SQUIRES 132 EAST FIRST STREET REXBURG ID 83440		3. <u>New</u> Registered Agent Signature:	
4. Limited Partnerships: Enter Names and Addresses of General Partners.				
Office Held	Name	Street or PO Address	City	State Zip
Gen Ptnr.	Reed E. Squires	132 E. 1st So.	Rexburg, Idaho	83440
D	Douglas R. Squires	144 N. 6000 W.	Rexburg, Idaho	83440
	Tom D. Squires	4789 Torrey Pine Av.	Idaho Falls, Idaho	83401
5. Organized Under the Laws of:				
ID L 4431		6. Annual Report must be signed.		
		Signature: <u>Reed E. Squires</u>		Date: <u>6-15-09</u>
		Name(type or print): <u>Reed E. Squires</u>		Title: <u>6.05.09</u>

Issued 5/18/2009 by CLH

200907004632