

No. L 4520	Due no later than November 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable GRANT B. AND MARGIE T. SHIPPEN LIMI PO BOX 1368 IDAHO FALLS, ID 83403		GRANT B SHIPPEN 2325 CRAIG AVE IDAHO FALLS, ID 83404		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New Registered Agent Signature</u>		
4. Limited Partnerships: Enter Names and Business Addresses of General Partners.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>TRUSTEE Grant B Shippen 2325 Craig Ave (Idaho Falls, ID, 83404)</i>					
 Mr. Grant B Shippen 2325 Craig Ave Idaho Falls, ID 83404-7018					
5. Organized Under the Laws of: IDAHO L 4520		6. Signature <i>Grant B Shippen</i> Date <u>9-11-07</u> Name (Typed or Printed) <i>GRANT B SHIPPEN</i> Title <i>TRUSTEE</i>			

Issued 09/04/2007

Do Not Tape or Staple

200711003981