

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. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held   Name   Street or P.O. Address   City   State   Zip

Trustee GRANT B SHIPPEN 2325 CRAIG AVE IDAHO FALLS ID, 83404



Mr. Grant B Shippen  
2325 Craig Ave  
Idaho Falls, ID 83404-7018



5. Organized Under the Laws of:

IDAHO  
L 4520

6.

Signature

*Grant B Shippen*

Date 9-11-07

Name

(Typed or  
Printed)

GRANT B SHIPPEN

Title

Trustee

Issued 09/04/2007

Do Not Tape or Staple

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