No. <b>L 4522</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  COUCH FAMILY LIMITED PARTNERSHIP BRAD COUCH 4061 SHADOW MOUNTAIN		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BRAD COUCH 4061 SHADOW MOUNTAIN IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE Office Held Name				City State Country Postal Code			
GENERAL PARTNER GENERAL PARTNER	BRAD COUCH ROZ COUCH		4061 SHADOW MOUNTAIN TR 4061 SHADOW MOUNTAIN TR	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:  ID L 4522		6. Annual Report must be signed.* Signature: Brad Couch Name (type or print): Brad Couch Title: President					
Processed 09/26/2015 * Electronically provided signatures are accepted as original signatures.							