| No. L 3409 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. COINER FAMILY LIMITED PARTNERSHIP CHARLES H COINER 3879 N 3800 E | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--------------------------------------|--|--|----------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | CHARLES H COINER 3879 N 3800 E HANSEN 83334 3. New Registered Agent Signature:* | | | |
| | | | | HANSEN 83 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER GENERAL PARTNER | KAREN C LINDEMER CHARLES H COINER | | 174 LINCOLN ST 3879 N 3800 E | TWIN FALLS HANSEN | ID ID | USA USA | 83301 83334 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID L 3409 | | Signature: Charles H Coiner Date: 02/19/2015 | | | | | | |
| | | Name (type or | | Title: Part. | | | | |
| Processed 02/19/2015 | | * Electronically pro | ovided signatures are accepted as original | signatures. | | | | |