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|--|----------------|--|-------------|---|---------|-------------|
| No. L 4457 | | Due no later than Aug 31, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | ROBERT A SCARR 3084 STONERIDGE CIR AMMON ID 83406 | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | |
| ROBERT A. AND SUSAN B. SCARR FAMILY LIMITED PARTNERSHIP ROBERT A SCARR 3084 STONERIDGE CIR AMMON ID 83406 USA | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| GENERAL PARTNER | ROBERT A SCARR | 3084 STONERIDGE CIR. | IDAHO FALLS | ID | USA | 83406 |
| GENERAL PARTNER | SUSAN B SCARR | 3084 STONERIDGE CIR. | IDAHO FALLS | ID | USA | 83046 |
| 5. Organized Under the Laws of: ID L 4457 | | 6. Annual Report must be signed.* Signature: Ra Scarr Name (type or print): Ra Scarr Date: 06/09/2010 Title: General Partner | | | | |
| Processed 06/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | |