No. L 4457	Reinstatement Annual Report Form ADMIN TERMINATED 11/08/2007	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT A SCARR ~~484 W 18TH ST~~ ~~IDAHO FALLS ID 83402~~ 3084 STONERIDGE CIR AMMON, ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ROBERT A. AND SUSAN B. SCARR FAMILY LIMITED PARTNERSHIP ROBERT A SCARR ~~484 W 18TH ST~~ ~~IDAHO FALLS ID 83402~~ 3084 STONERIDGE CIR AMMON, ID 83406	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Partnerships: Enter Names and Business Addresses of general partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GEN PARTNER	ROBERT A. SCARR	3084 STONERIDGE CIR	AMMON	ID	[illegible]	83406
GEN PARTNER	SUSAN B. SCARR	3084 STONERIDGE CIR	AMMON	ID	[illegible]	83406

5. Organized Under the Laws of:	6.
IDAHO L 4457	Signature: R. S. Scarr Date: 9/22/08 Name (type or print): Robert A. Scarr Title: GEN PARTNER

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