

No. L 6369		Due no later than Mar 31, 2016		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 1. Mailing Address: Correct in this box if needed. SUMMERS FAMILY LLLP ROBERT SUMMERS 5437 S. BEGONIA PL. BOISE ID 83716		ROBERT SUMMERS 5437 S. BEGONIA PL. BOISE ID 83716		
				3. <u>New</u> Registered Agent Signature:*		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	ROBERT SUMMERS	5437 S. BEGONIA PL.	BOISE	ID	USA	83716
GENERAL PARTNER	SANDI SUMMERS	5437 S. BEGONIA PL.	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID L 6369		6. Annual Report must be signed.* Signature: Sandi Summers Name (type or print): Sandi Summers Date: 04/21/2016 Title: General Partner				
Processed 04/21/2016		* Electronically provided signatures are accepted as original signatures.				