

No. L 4948		Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STORER FAMILY LIMITED PARTNERSHIP (THE) GALE T STORER 329 S WOODRUFF IDAHO FALLS ID 83401		GALE T STORER 2968 N HOLMES AVE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	GALE T STORER	2918 N. HOMLES		IDAHO FALLS	ID	USA	83401
GENERAL PARTNER	TRISHA STORER	2918 N. HOMLES		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID L 4948	6. Annual Report must be signed.* Signature: Trisha Storer Name (type or print): Trisha Storer Date: 09/09/2009 Title: Partner						
Processed 09/09/2009	* Electronically provided signatures are accepted as original signatures.						