

No. J 2068		Due no later than Apr 30, 2012 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. CARLQUIST LIMITED LIABILITY PARTNERSHIP J DOUGLAS CARLQUIST 955 VALLEY RD S EDEN ID 83325 USA		R LYNN CARLQUIST 1092 SOUTH 2500 EAST HAZELTON ID 83335			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	R LYNN CARLQUIST	1092 SOUTH 2500 EAST	HAZELTON	ID	USA	83335	
PARTNER	J DOUGLAS CARLQUIST	955 VALLEY RD S	EDEN	ID	USA	83325	
PARTNER	JULIE WOOLSTON	10523 NORTH EDINBURGH DRIVE	HIGHLAND	UT	USA	84004	
5. Organized Under the Laws of: ID J 2068		6. Annual Report must be signed.* Signature: J. Douglas Carlquist Name (type or print): J. Douglas Carlquist					
		Date: 02/15/2012 Title: Partner					
Processed 02/15/2012 * Electronically provided signatures are accepted as original signatures.							