

|                                                                                                                                                        |                    |                                                                                                                             |       |                                                                              |                  |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------|------------------|-------------|
| No. <b>L 6217</b>                                                                                                                                      |                    | <b>Due no later than Jan 31, 2015</b>                                                                                       |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |                  |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b>                                                                                                   |       | AMBER MYRICK BELEW, THORNTON BYRON LLP<br>3101 W MAIN STE 200<br>BOISE 83702 |                  |             |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>MASADA LLLP<br>JAKE CENTERS<br>P.O. BOX 1610<br>EAGLE ID 83616 |       | 3. <u>New</u> Registered Agent Signature: *                                  |                  |             |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                        | City  | State                                                                        | Country          | Postal Code |
| GENERAL PARTNER                                                                                                                                        | JAKE L CENTERS     | P.O. BOX 1610                                                                                                               | EAGLE | ID                                                                           | USA              | 83616       |
| GENERAL PARTNER                                                                                                                                        | MICHAELA A CENTERS | P.O. BOX 1610                                                                                                               | EAGLE | ID                                                                           | USA              | 83616       |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                           |       |                                                                              |                  |             |
| <b>ID<br/>L 6217</b>                                                                                                                                   |                    | Signature: Jake Centers                                                                                                     |       |                                                                              | Date: 11/18/2014 |             |
|                                                                                                                                                        |                    | Name (type or print): Jake Centers                                                                                          |       |                                                                              | Title: Partner   |             |
| Processed 11/18/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                   |       |                                                                              |                  |             |