

No. L 1783		Reinstatement Annual Report Form ADMIN TERMINATED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) DALEN KAST 881 E 2000 S BLISS ID 83314															
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. CMK LIMITED PARTNERSHIP DALEN KAST 881 E 2000 S BLISS ID 83314		3. <u>New</u> Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00																			
4. Limited Partnerships: Enter Names and Business Addresses of general partners.																			
<table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Dalen Kast</td> <td>881 E 2000 S</td> <td></td> <td></td> <td>Bliss ID USA</td> <td>83314</td> </tr> </tbody> </table>						General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Dalen Kast	881 E 2000 S			Bliss ID USA	83314
General Partners	Name	Street or PO Address	City	State	Country	Postal Code													
	Dalen Kast	881 E 2000 S			Bliss ID USA	83314													
5. Organized Under the Laws of:  IDAHO L 1783		6. Signature: <i>Dalen Kast</i> Name (type or print): Dalen Kast		Date: 4-1-13 Title: General Partner															
Issued 03/12/2013 by SLD																			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of general partners. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.