

No. L 3009		Due no later than Feb 28, 2018		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. STAR GROUP ONE LIMITED PARTNERSHIP MITCH R. CAMPBELL PO BOX 1785 TWIN FALLS ID 83301		MITCH R. CAMPBELL 3502 N 3000 E TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	MITCH R. CAMPBELL	PO BOX 1785	TWIN FALLS	ID		83303	
5. Organized Under the Laws of: ID L 3009		6. Annual Report must be signed.* Signature: MITCH R CAMPBELL Name (type or print): MITCH R CAMPBELL Date: 02/06/2018 Title: GEN PARTNER					
Processed 02/06/2018		* Electronically provided signatures are accepted as original signatures.					