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|--|--------------------|--|------------|--|---------|-------------|--|
| No. L 5602 | | Due no later than Mar 31, 2010 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HATRIDGE FAMILY LIMITED PARTNERSHIP CHARLES R HATRIDGE 1490 N. GLASGOW DR. POST FALLS ID 83854 USA | | CHARLES HATRIDGE 1490 N. GLASGOW DR. POST FALLS ID 83854 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | TERRELL O HATRIDGE | 2773 BLUEBERRY CIR | HAYDEN | ID | USA | 83835 | |
| GENERAL PARTNER | CHARLES R HATRIDGE | 1490 N. GLASGOW DR. | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: ID L 5602 | | 6. Annual Report must be signed.* Signature: Charles Hatridge Name (type or print): Charles Hatridge Date: 02/12/2010 Title: Agent | | | | | |
| Processed 02/12/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |