No.	L 2928	Due no later than December 31, 2007	2. Registered Agent and Office NO PO BOX
450 N PO BO BOISI NO FI	to: RETARY OF STATE FOURTH STRI OX 83720 E, ID 83720-0080 LING FEE IF	Annual Report Form 1. Mailing Address - Correct in this box, if applicable L & M STEINKE FAMILY LIMITED PARTNE LEONARD J STEINKE 3417 SUN CIRCLE IDAHO FALLS, ID 83404	REMY TOMCHAK 432 SHOUP AVE IDAHO FALLS, ID 83402 3. New Registered Agent Signature
4. Limited Partnerships: Enter Names and Business Addresses of General Partners.			
	ice held Name	Street or P.O. Address City	State Zip
Gener	ral Leonar ner Estat	1 J. Steinke 589 WLB pering Pinel	r Twin Falls ID 83301
5. Orga	nized Under the Laws of IDAHO L 2928	Signature Roll Steinle	
Is	ssued 10/01/2007	Do Not Tape or Staple	200712005812

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