

**NO FILING FEE IF
RECEIVED BY DUE DATE**

Due no later than August 31, 2007
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

CON PAULOS FAMILY LIMITED PARTNERSH
CON PAULOS
901 SOUTH LINCOLN
JEROME, ID 83338

2. Registered Agent and Office NO PO BOX

CON PAULOS
901 SOUTH LINCOLN
JEROME, ID 83338

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

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4. Limited Partnerships: Enter Names and Business Addresses of General Partners

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
GENERAL PARTNER	- CON P. Paulos	67W 600 So	JEROME	Del.	87338
"	"	- Cynthia R. Paulos - 67W 600 So	"	VL	VL

5. Organized Under the Laws of:
IDAHO
L 4131

6.

Signature

Name (Typed or Printed)

Con F. Paulos

Date _____

Title

6-7-07

GENERAL PRACTICE

200708004575

Tested 06/01/2007

Do Not Tape or Staple