No. L 4669		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. GISLER FAMILY LIMITED PARTNERSHIP ROBERT B GISLER 714 MAIN STREET GOODING ID 83330		2. Registered A	2. Registered Agent and Address (NO PO BOX) ROBERT B GISLER 3403 E 4070 N KIMBERLY ID 83341 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				ROBERT B C 3403 E 4070 KIMBERLY ID				
NO FILING FEE IF RECEIVED BY DUE DATE		GOODING ID					Deated Code	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER	ROBERT B (SUSAN E G		3403 E 4070 N 29 PAPERBARK	KIMBERLY IRVINE	ID CA	USA USA	83341 92620	
5. Organized Under the	Laws of	6 Annual Repor	t muct he signed *					
•		6. Annual Report must be signed.*						
ID L 4669		Signature: ROBERT BRAD GISLER Date: 03/19/2016						
		Name (type or print): ROBERT BRAD GISLER Title: PARTNER						
Processed 03/19/2016	·	* Electronically p	rovided signatures are accepted as origina	l signatures.				