

No. L 4014	Reinstatement Annual Report Form ADMIN TERMINATED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS C SELLIN 1036 E IRON EAGLE DR STE 100 EAGLE ID 83616																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SELLIN PROPERTIES L.P. THOMAS C SELLIN 1036 E IRON EAGLE DR STE 100 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																					
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>"</td> <td>Thomas C Sellin</td> <td>1036 E Tion Eagle Dr Ste 100</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>"</td> <td>Karen A Sellin</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code	"	Thomas C Sellin	1036 E Tion Eagle Dr Ste 100	Eagle	ID		83616	"	Karen A Sellin	"	"	"	"	"
General Partners	Name	Street or PO Address	City	State	Country	Postal Code																		
"	Thomas C Sellin	1036 E Tion Eagle Dr Ste 100	Eagle	ID		83616																		
"	Karen A Sellin	"	"	"	"	"																		
5. Organized Under the Laws of: IDAHO L 4014	6. Signature:  Name (type or print): <u>Thomas C. Sellin</u>			Date: <u>07/08/15</u> Title: <u>President</u>																				

Issued 07/07/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM