No. L 3643 Return to:		Due no later than Jan 31, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX) RYAN D ORME 4054 E 1100 N ASHTON 83420 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SQUIRREL HIGHLAND RANCH FAMILY LIMITED PARTNERSHIP RYAN D ORME 4054E. 1100N.					
NO FILING FEE IF RECEIVED BY DUE DATE		ASHTON ID 83420 USA	3. <u>New</u> Regis	tered Agent Si	gnature:**		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	RYAN D OR		ASHTON	ID	USA	83420	
GENERAL PARTNER	JANELL M C		ASHTON	ID	USA	83420	
GENERAL PARTNER	TREY D ORI	ME 4054 E 1100 N	ASHTON	ID	USA	83420	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Ryan Orme	Date: 01/15/2015				
L 3643		Name (type or print): Ryan Orme Title: General Manager					
Processed 01/15/2015	* Electronically provided signatures are accepted as original signatures.						