

No. L 5814

Due no later than February 29, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

MARION FAMILY LIMITED PARTNERSHIP (
PO BOX 1077
CASCADE, ID 83611CONNIE MAE ROARK
514 SAWYER ST
CASCADE, ID 83611NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZipG.P. Connie M Roark 514 Sawyer St Cascade, ID 83611
Box 1077

5. Organized Under the Laws of:

IDAHO
L 5814

6.

Signature

Connie M. Roark

Date

12/14/2007

(Type or
print name)

Connie M. Roark

Title

General Partner

N