

No. L 3370		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TIM J. SHAW FAMILY LIMITED PARTNERSHIP TIM J SHAW 49 CORRAL CREEK RD CASCADE ID 83611		TIM J SHAW 49 CORRAL CREEK RD CASCADE ID 83611			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	TIM J. SHAW INC.	TIM SHAW HEREFORDS, 49 CORRAL CREEK RD.		CASCADE	ID	USA	83611
5. Organized Under the Laws of: ID L 3370	6. Annual Report must be signed.* Signature: Tim J. Shaw Name (type or print): Tim J. Shaw			Date: 02/18/2017 Title: President			
Processed 02/18/2017	* Electronically provided signatures are accepted as original signatures.						