No. **L 4630**	**Due no later than Mar 31, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GODFREY FAMILY LIMITED PARTNERSHIP CADE KONEN 315 S ALMON MOSCOW ID 83843	CADE KONEN 315 S ALMON MOSCOW ID 83843 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	JULIE JABBORA	PO BOX 9043	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 4630**	Signature: CADE KONEN	Date: 01/18/2016
	Name (type or print): CADE KONEN	Title: REGISTERED AGENT

Processed 01/18/2016

* Electronically provided signatures are accepted as original signatures.