

No. L 6369		Due no later than Mar 31, 2014 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. SUMMERS FAMILY LLLP ROBERT SUMMERS 5437 S. BEGONIA PL. BOISE ID 83716 USA		ROBERT SUMMERS 5437 S. BEGONIA PL. BOISE ID 83716			
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	ROBERT SUMMERS	5437 S. BEGONIA PL.		BOISE	ID	USA	83716
GENERAL PARTNER	SANDI SUMMERS	5437 S. BEGONIA PL.		BOISE	ID	USA	83716
5. Organized Under the Laws of: ID L 6369		6. Annual Report must be signed.* Signature: Sandi Summers Name (type or print): Sandi Summers		Date: 02/24/2014 Title: General Partner			
Processed 02/24/2014		* Electronically provided signatures are accepted as original signatures.					