				<del></del>							
No. J 214		than May 31, 2010	P.O. BO	2. Registered Agent and Office (NOT A P.O. BOX)							
TODAIT COT		Report Form	RICHARD B PORTER 2000 N 23RD BOISE ID 83702  3. New Registered Agent Signature.								
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FRUITLAND ACRES, LLP RICHARD B PORTER 2000 N 23RD BOISE ID 83702										
							NO FILING FEE IF RECEIVED BY DUE	•			
							DATE				· · · · · · · · · · · · · · · · · · ·
4. Limited Liability Partners			hips: Enter Names and Busi	iness Addresses of two (2) or m	ore partners.						
Office Held Nan	ne	Street or PO Address	City	State	Country	/ Postal Code					
Ro	n Dacy	5018 BELAIR	Boss	20	AUS	83702					
MANAGER RI	CHARD PORTER	Street or PO Address 5018 BELAIR LOVA N. 23'	Doise	20	N5.	Bull					
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5. Organized Under the Lav	1	1/1				10/0/					
TDALLO	Signature:				Date	e: <i>4  7  [0</i>					
IDAHO		7	^		774	<i>-</i>					
J 214	Name (type or p	rint): RICHARO B.	YUKTER		1106	MAKEL					
Issued 04/05/2010 by CLH						104741					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of at least two (2) partners. Note: <u>Do not put "same as last year" or "same as above".</u> These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability partnership. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

If the Limited Liability Partnership is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED