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|--|---------------------|--|--|--|-------|---------|-------------|
| No. L 3370 | | Due no later than Feb 28, 2015 | | 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 | | TIM J SHAW 49 CORRAL CREEK RD CASCADE 83611 | | | |
| | | 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 USA | | 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: 02/09/2015 Title: President | | | | | |
| Processed 02/09/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |