No. J 820  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2016  Annual Report Form	2	Registered Agent and Address (NO PO BOX)     ROBERT BRICE				
		1. Mailing Address: Correct in this box if needed.  2RD, LLP ROBERT BRICE 1235 OAKLEY AVE BURLEY ID 83318		414 W 90 N BURLEY ID 83318  3. New Registered Agent Signature:*				
<ol><li>Limited Liability Partr</li></ol>	nerships: Enter Na	mes and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address		City	State	Country	Postal Code	
PARTNER PARTNER	ROBERT BRIG RYAN THOMA			BURLEY HEYBURN	ID ID	USA	83318 83336	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID J 820		Signature: Robert Brice		Date: 12/28/2016				
		Name (type or print): Robert Brice		Title: Partner				
Processed 12/28/2016	>	Electronically provided signatures are accepted as original	l signat	tures.				