

No. L 6844		Due no later than Feb 28, 2014		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		INCorp SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		GABOURY FAMILY LIMITED PARTNERSHIP LYNNE M AMORESE 3106 MAIN ST PIFFARD NY 14533					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	LYNNE M AMORESE	3106 MAIN ST	PIFFARD	NY	USA	14533	
5. Organized Under the Laws of: ID L 6844		6. Annual Report must be signed.* Signature: Lynne Amorese Name (type or print): Lynne Amorese		Date: 01/30/2014 Title: General Partner			
Processed 01/30/2014		* Electronically provided signatures are accepted as original signatures.					