No. L 3077	Annual Report Form 1. Mailing Address - Correct in this box. if applicable TWIN PINES, LIMITED PARTNERSHIP BILL K 5900 C POCA		2. Registered Agent and Office NO PO BOX BILL K LYSTRUP 5900 COUNTRY CLUB DR	
Return to:				
SECRETARY OF STATE				
450 NORTH FOURTH STREET			POCATELLO, ID 83204	
PO BOX 83720	BILL K LYSTRUP			
BOISE, ID 83720-0080	5900 COUNTRY CLUB DR POCATELLO, ID 83204	Į.		
	FOUNTELLO, ID 63204	3. New R	egistered Ag	ent Signature
NO FILING FEE IF			_	•
RECEIVED BY DUE DATE				
 Limited Partnerships: Em 	ter Names and Business Addresses of Ge	eneral Partners.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
PRES. LYSTRUP BILL	K. 5904 COUNTRY CLUB DR.	POCATELLE	ID	83204
V. PRES. LYSTRUP L.	P. 4695 RAMSGATE	CHUBBUCK	ID	83202
MG.GEN. PART CLAWS	K. 5900 COUNTRY CLUB DR. P. 4695 RAMSGATE CONJOHN 6096 SO. 1480E	SLC	ID	84121
			-	3:15
•				
5. Organized Under the Laws of:	6.			
IDAHO	Signature		Date	25-2009
L 3077	(Typed or T	21-1-1		C. P
· · · · · · · · · · · · · · · · · · ·	Name and	? Lawson	Title 🗚 🚅	7 6-2-6 1
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