

No. L 5814

Due no later than February 28, 2009  
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MARION FAMILY LIMITED PARTNERSHIP ( )  
PO BOX 1077  
CASCADE, ID 83611CONNIE MAE ROARK  
514 SAWYER ST  
CASCADE, ID 83611**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
General Partner	Connie Mae Roark	514 Sawyer St PO BOX 1077	Cascade,	ID	83611

5. Organized Under the Laws of:

IDAHO  
L 5814

6.

Signature

Connie Mae Roark

Date

1-12-2009

Name  
(Typed or Printed)

Connie Mae Roark

Title

General Partner