

|                                                                                                                                                        |                |                                                                           |        |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>L 6120</b>                                                                                                                                      |                | <b>Due no later than Jul 31, 2014</b>                                     |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>                                                 |        | DALE B LAVIGNE<br>805 E. MULLAN AVE<br>OSBURN ID 83849 |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |        | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| DLB BUILDINGS LIMITED PARTNERSHIP<br>DALE B LAVIGNE<br>PO BOX 2170<br>OSBURN ID 83849<br>USA                                                           |                |                                                                           |        |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                      | City   | State                                                  | Country | Postal Code |  |
| GENERAL PARTNER                                                                                                                                        | DALE B LAVIGNE | PO BOX 2170                                                               | OSBURN | ID                                                     | USA     | 83849       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>L 6120</b>                                                                                                |                | 6. Annual Report must be signed.*                                         |        |                                                        |         |             |  |
|                                                                                                                                                        |                | Signature: Dale B. Lavigne                                                |        | Date: 05/13/2014                                       |         |             |  |
|                                                                                                                                                        |                | Name (type or print): Dale B. Lavigne                                     |        | Title: General Partner                                 |         |             |  |
| Processed 05/13/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |        |                                                        |         |             |  |