| No. **J 1100** | **Due no later than Jan 31, 2016** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>SURGE CONTROL, LLP<br>WILLIAM F WILSON<br>PO BOX 38<br>COTTONWOOD ID 83522-0038 | WILLIAM F WILSON<br>202 BEAR RIDGE RD<br>COTTONWOOD ID 83522<br><br>3. New Registered Agent Signature:* |

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| PARTNER | WILLIAM F WILSON | PO BOX 38 | COTTONWOOD | ID | USA | 83522 |
| PARTNER | JUANITA K WILSON | PO BOX 38 | COTTONWOOD | ID | USA | 83522 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**J 1100** | Signature: w.f.wilson | Date: 01/27/2016 |
| | Name (type or print): w.f.wilson | Title: partner |

Processed 01/27/2016

* Electronically provided signatures are accepted as original signatures.