No. <b>L 4793</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASTORQUIA & ASTORQUIA LP RICK BASTERRECHEA 714 MAIN ST		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1750 E 1800 GOODING IE	FRANK ASTORQUIA 1750 E 1800 S GOODING ID 83330  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							22	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER			1725 E 1800 S 1654-A E 1850 S	GOODING GOODING	ID ID	USA USA	83330 83330	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JUSTIN ASTORQUIA Date: 10/26/2016						
L 4793		Name (type o		Title: PARTNER				
Processed 10/26/2016 * Electronically provided signatures are accepted as original signatures.								