

No. <b>J 1918</b>		<b>Due no later than Oct 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MCEACHERN FAMILY LIMITED LIABILITY PARTNERSHIP (THE) JOHN E MCEACHERN 1205 N 11TH ST BOISE ID 83702		EDWARD MCEACHERN 1205 N 11TH ST BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	EDWARD MCEACHERN	1205 N 11TH ST	BOISE	ID	USA	83702	
PARTNER	HARMONY SCHROEDER	1205 N 11TH ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>J 1918</b>		6. Annual Report must be signed.*  Signature: J E McEachern Name (type or print): J E McEachern  Date: 08/23/2013 Title: Partner					
Processed 08/23/2013		* Electronically provided signatures are accepted as original signatures.					