

| No. L 2720 | Due no later than March 31, 2008 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|--|-------------|-------|------------------------|------|-------|-----|---------|--------------|------------|---------------|----|-------|---|----------------|--|--|--|--|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable MADSON FAMILY LIMITED PARTNERSHIP (ERVIN E MADSON P O BOX 719 BONNERS FERRY, ID 83805 | | ERVIN E MADSON #23B - PARADISE VALLEY RD BONNERS FERRY, ID 83805 3. New Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| 4. Limited Partnerships: Enter Names and Business Addresses of General Partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Ervin Madson</td> <td>PO BOX 719</td> <td>Bonnerrsferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>✓</td> <td>Carolee Madson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Partner | Ervin Madson | PO BOX 719 | Bonnerrsferry | ID | 83805 | ✓ | Carolee Madson | | | | |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | |
| Partner | Ervin Madson | PO BOX 719 | Bonnerrsferry | ID | 83805 | | | | | | | | | | | | | | | | |
| ✓ | Carolee Madson | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO L 2720 | 6. Signature <u>Carolee Madson</u> Date <u>1-20-08</u> Name (Typed or Printed) <u>Carolee Madson</u> Title <u>Partner</u> | | | | | | | | | | | | | | | | | | | | |