

No. J 892	Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELLISON FAMILY LLP TINA ELLISON 4177 N PENFIELD PL BOISE ID 83713		NOEL ELLISON 4177 N PENFIELD PLACE BOISE ID 83713			
			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	TINA ELLISON	4177 N PENFIELD PL	BOISE	ID	USA	83713
PARTNER	AFTON DAWN ELLISON	4177 N PENFIELD PL	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID J 892	6. Annual Report must be signed.* Signature: Tina Ellison Name (type or print): Tina Ellison		Date: 06/18/2009 Title: Partner			
Processed 06/18/2009		* Electronically provided signatures are accepted as original signatures.				