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|--|------------------------------|--|-------|--|---------|-------------|
| No. L 6145 | | Due no later than Sep 30, 2012 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KEITH AND MABEL HANSEN FAMILY LLLP KEITH HANSEN 2735 CENTRAL AVE AMMON ID 83406 | | KEITH M HANSEN 2735 CENTRAL AVE AMMON ID 83406 | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| GENERAL PARTNER | KEITH M HANSEN LIVING TRUST | 2735 CENTRAL AVE | AMMON | ID | USA | 83406 |
| GENERAL PARTNER | KEITH M HANSEN MARITAL TRUST | 2735 CENTRAL AVE | AMMON | ID | USA | 83406 |
| GENERAL PARTNER | KEITH M HANSEN FAMILY TRUST | 2735 CENTRAL AVE | AMMON | ID | USA | 83406 |
| 5. Organized Under the Laws of: ID L 6145 | | 6. Annual Report must be signed.* Signature: J. Brian Hill Name (type or print): J. Brian Hill Date: 07/23/2012 Title: Cpa | | | | |
| Processed 07/23/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |