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|--|--|--|--------------------------------------|---|-------------|----------------|----------------------|--|
| No. <b>L 4131</b>  |  | <b>Due no later than Aug 31, 2016</b><br><b>Annual Report Form</b>   |                                      | 2. Registered Agent and Address ( <b>NO PO BOX</b> )          |             |                |                      |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CON PAULOS FAMILY LIMITED PARTNERSHIP<br>CON P PAULOS<br>P. O. BOX 5856<br>TWIN FALLS ID 83303-5856 |                                      | CON PAULOS<br>251 EAST FRONTAGE ROAD SOUTH<br>JEROME ID 83338 |             |                |                      |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |  |  |                                      | 3. <u>New</u> Registered Agent Signature:*                    |             |                |                      |  |
| Office Held<br>GENERAL PARTNER   | Name<br>CON PAULOS   | Street or PO Address<br>251 EAST FRONTAGE ROAD SOUTH   |                                      | City<br>JEROME  | State<br>ID | Country<br>USA | Postal Code<br>83338 |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>L 4131</b>  | 6. Annual Report must be signed.*<br><br>Signature: Con P. Paulos<br>Name (type or print): Con P. Paulos |  | Date: 10/12/2016<br>Title: President |   |             |                |                      |  |
| Processed 10/12/2016   |  | * Electronically provided signatures are accepted as original signatures.  |                                      |   |             |                |                      |  |