No. **L 4298**	**Due no later than Dec 31, 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.** LUCICH FAMILY LIMITED PARTNERSHIP MARCAE M LUCICH 11785 N RIVER RD PAYETTE ID 83661 USA	MARCAE LUCICH 11785 N RIVER RD PAYETTE ID 83661 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	GARY L LUCICH	10420 W STARDUST DR	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 4298**	Signature: Marcae Lucich	Date: 10/21/2009
	Name (type or print): Marcae Lucich	Title: Member

Processed 10/21/2009

* Electronically provided signatures are accepted as original signatures.