

| No. L 4557 | Due no later than Dec 31, 2013 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) BARBARA W LITTLE 1980 MYERS BOISE ID 83706 | | | | | | | | | | | | | | |
|--|--|----------------------|---|------------------|---------|----------------------|------|-------|---------|-------------|--|------------------|--------------|------------|-----|--|-------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. BARBARA W. LITTLE FAMILY LIMITED PARTNERSHIP 1980 MYERS → 1980 S. MYERS ST. BOISE ID 83706 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | |
| 4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">General Partners</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Barbara W Little</td> <td>1980 S Myers</td> <td>Boise, Id.</td> <td>Ada</td> <td></td> <td>83706</td> </tr> </tbody> </table> | | | | General Partners | Name | Street or PO Address | City | State | Country | Postal Code | | Barbara W Little | 1980 S Myers | Boise, Id. | Ada | | 83706 |
| General Partners | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | |
| | Barbara W Little | 1980 S Myers | Boise, Id. | Ada | | 83706 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO L 4557 | 6. Signature: <u>Barbara W Little</u> Date: <u>11-4-13</u> Name (type or print): <u>Barbara W Little</u> Title: <u>General Partner</u> | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of general partners. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____

POSTMARK DATES WILL NOT BE ACCEPTED