

No. L 5949		Due no later than Oct 31, 2010		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		MITCH R CAMPBELL 3502 N 3000 E TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
AF PARTNERS ONE, LP MITCH R CAMPBELL PO BOX 1785 TWIN FALLS ID 83303 USA							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	MITCH R CAMPBELL	PO BOX 1785	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of: ID L 5949		6. Annual Report must be signed.* Signature: Mitch R Campbell Name (type or print): Mitch R Campbell		Date: 10/09/2010 Title: Partner			
Processed 10/09/2010		* Electronically provided signatures are accepted as original signatures.					