

No. L 1996	Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GRANT O HAROLDSEN 6284 N 15 E IDAHO FALLS ID 83401			
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. HAROLDSEN BROTHERS LIMITED PARTNERSHIP 6284 N 15 E IDAHO FALLS ID 83401		3. New Registered Agent Signature.			
4. Limited Partnerships: Enter Names and Business Addresses of general partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Partner	Grant O. Haroldsen	6284 N 15 E	Idaho Falls,	Id.	Bonn.	83401
Partner	Fred O. Haroldsen	5760 ST. Leon Pl.	Idaho Falls,	Id.	Bonn.	83401
Partner	Maralyn Seven LLC	5638 ST. Leon Pl.	Idaho Falls,	Id.	Bonn.	83401
Partner	Orvil O. Haroldsen	7156 Kilty Ave.	West Hills	Ca.		91307
5. Organized Under the Laws of:	6.					
IDAHO L 1996	Signature: <u>Fred O. Haroldsen</u>	Date: <u>3/16/2010</u>		Name (type or print): <u>Fred O. Haroldsen</u>	Title: <u>Partner</u>	
Issued 03/15/2010 by DK1						

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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. Be sure to include office held for each name listed.

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 and fee. 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.

POSTMARK DATES WILL NOT BE ACCEPTED