No. <b>L 4457</b> Return to:		Due no later than Aug 31, 2016  Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)  ROBERT A SCARR  3084 STONERIDGE CIR AMMON ID 83406			
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.  ROBERT A. AND SUSAN B. SCARR FAMILY LIMITED PARTNERSHIP  ROBERT A SCARR  3084 STONERIDGE CIR  AMMON ID 83406		2000 0000000000000000000000000000000000				
				3. New Registered Agent Signature:*				
				3. <u>Ivevv</u> Registered Agent Signature.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER	ROBERT A SCARR SUSAN B SCARR		3084 STONERIDGE CIR. 3084 STONERIDGE CIR.	ammon ammon	ID ID	USA USA	83406 83046	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID L 4457		Signature: R.A.Scarr		Date: 07/08/2016				
		Name (type or print): R.A.Scarr		Title: Gen Partner				
Processed 07/08/2016		* Electronically p	provided signatures are accepted as original	signatures.				