

No. **J 871**

Due no later than April 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

TOM E KING
PO BOX 669
1032 IDAHO AVE
BURLEY, ID

1. Mailing Address - Correct in this box, if applicable

KING'S OF OROFINO LLP
LYNN MAC LACHLAN
PO BOX 669
BURLEY, ID

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held Name

Street or P.O. Address

City

State

Zip

GEN PARTNER TOM E KING PO BOX 669 BURLEY ID 83318

5. Organized Under the Laws of:

IDAHO
J 871

6.

Signature _____

Name (Typed or
Printed)

TOM E KING

Date 2-7-07

Title GEN PARTNER

200704004945