| No. L 5399 | | Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHADOWS TRAIL LP THOMAS H DENIG 2001 TABLE ROCK RD BOISE ID 83712 | | 2. Registered / | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--|------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 2001 TABLE BOISE ID | THOMAS H DENIG 2001 TABLE ROCK RD BOISE ID 83712 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER THOMAS H DE GENERAL PARTNER KATHLEEN D D | | | 2001 TABLE ROCK RD 2001 TABLE ROCK RD | BOISE BOISE | ID ID | USA USA | 83712 83712 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID L 5399 | | Signature: thomas h denig Date: 01/16/2016 | | | | | | |
| | | Name (type or print): thomas h denig Title: general partner | | | | | | |
| Processed 01/16/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |