No. **W 13680**	**Due no later than Dec 31, 2012**	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** **1. Mailing Address: Correct in this box if needed.** LOCUST GROVE PARTNERS LLC JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616	JOHN MACKEY 4679 W PRICKLY PEAR DR EAGLE ID 83616 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOHN MACKEY	4679 W PRICKLY PEAR DR	EAGLE	ID	USA	83616
MEMBER	DOUG KOWALLIS	3019 INNIS ST	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 13680**	Signature: John Mackey	Date: 02/18/2013
	Name (type or print): John Mackey	Title: Manager

Processed 02/18/2013

* Electronically provided signatures are accepted as original signatures.