No. L 2478		Due no later t	2. Registered Agent and Office (NOT A P.O. BOX)					
Return to:	7	Annual Report Form Mailing Address: Correct In this box If needed. WARD NIELSEN FAMILY LIMITED ARTNERSHIP WARD NIELSEN 308 S 3600 W VESTON ID 83286		H WARD	H WARD NIELSEN			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	H			1308 S 3600 W WESTON ID 83286 3. New Registered Agent Signature.				
NO FILING FEE IF RECEIVED BY DUE DATE	1							
4. Limited Partnerships: E	nter N	ames and Business Add	lresses of general partners.					
	me		Street or PO Address	City	State	Country Po	ostal Code	
		i -	,,	Weston	ta	Franklin	83286	
Secatory N	lan.	cy P. Nielsen	1308 S. 3600 W.	Weston	£J.	Franklin	85126	
					.*-			
						*\$		
5. Organized Under the La IDAHO	ws of	6. Signature:	Ward Nielsen			Date: 4_	14-10	
L 2478		Name (type or pri	int): H. Ward Ni	elsen		Title	dent	
Issued 04/12/2010 by SLD)		*		Ž.	ź	104640	
This		ICTTONIC FOR	THE TRAILS AND IN	AL DEBAR	TFOE			

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: <u>Do not</u> 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 <u>NOT</u> 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 existance. If you have any questions contact the Commercial Division at (208) 334,2301.

POSTMARK DATES WILL NOT BE ACCEPTED

3**04**640