

No. L 3036	Reinstatement Annual Report Form ADMIN TERMINATED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) WAYNE E ALLEN 116 STILLWATER DR IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WASA FAMILY LIMITED PARTNERSHIP (THE) WAYNE E ALLEN 116 STILLWATER DRIVE IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.

4. Limited Partnerships: Enter Names and Business Addresses of general partners.						
General Partners	Name	Street or PO Address	City	State	Country	Postal Code
	Wayne E Allen	116 Stillwater Dr	Idaho Falls	ID	Bonn.	83404
	Jared W. Allen	248 Whisper Cove	Idaho Falls	ID	Bonn.	83404
	James C. Allen	562 Golden Willow Dr	Rexburg	ID	Madison	83440
	Jesse D. Allen	4840 N. Shady Bend Ln.	Lehi,	UT	Utah	84043

5. Organized Under the Laws of: IDAHO L 3036	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"><i>Wayne Allen</i></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date: <i>May 26, 11</i></td> </tr> <tr> <td>Name (type or print):</td> <td style="border-bottom: 1px solid black; text-align: center;">Wayne Allen</td> <td style="border-bottom: 1px solid black; text-align: center;">Title: <i>Mgn Partner</i></td> </tr> </table>	Signature:	<i>Wayne Allen</i>	Date: <i>May 26, 11</i>	Name (type or print):	Wayne Allen	Title: <i>Mgn Partner</i>
Signature:	<i>Wayne Allen</i>	Date: <i>May 26, 11</i>					
Name (type or print):	Wayne Allen	Title: <i>Mgn Partner</i>					

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