


No. L 7087	Reinstatement Annual Report Form ADMIN TERMINATED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LFP INVESTMENTS LLLP JACK G LEVIN 611 VALLEY CLUB DR HAILEY ID 83333		JACK G LEVIN 611 VALLEY CLUB DR HAILEY ID 83333														
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.														
<p>1. Limited Partnerships: Enter Names and Business Addresses of general partners.</p> <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Jack G. Levin</td> <td>611 Valley Club Dr</td> <td>Hailey</td> <td>ID</td> <td></td> <td>83333</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Jack G. Levin	611 Valley Club Dr	Hailey	ID		83333
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	Jack G. Levin	611 Valley Club Dr	Hailey	ID		83333											
5. Organized Under the Laws of: IDAHO L 7087	<p>6. Signature: </p> <p>Date: <u>06/09/16</u></p> <p>Name (type or print): <u>Jack G. Levin</u></p> <p>Title: <u>General Partner</u></p>																

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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.