

No. L 5159		Due no later than Feb 28, 2014		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		CHARLES KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274			
		1. Mailing Address: Correct in this box if needed. K & S ANDREWS FAMILY LIMITED PARTNERSHIP C KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274-5034 USA		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	CHARLES KEVIN ANDREWS	674 E 1550 N	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID L 5159		6. Annual Report must be signed.* Signature: C Kevin Andrews Name (type or print): C Kevin Andrews Date: 01/21/2014 Title: General Partner					
Processed 01/21/2014		* Electronically provided signatures are accepted as original signatures.					