

|  |                       |   |  |   |       |         |             |
|--|-----------------------|---|--|---|-------|---------|-------------|
| No. <b>J 2235</b>  |                       | <b>Due no later than Dec 31, 2013</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )              |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>H.J. AND LOU ETTA CHRISTIANSEN FAMILY LIMITED<br>LIABILITY PARTNERSHIP<br>JIM CHRISTIANSEN<br>4865 STANDFIELD LANE<br>IDAHO FALLS ID 83401 |  | H.J. CHRISTIANSEN<br>4865 STANDFIELD LANE<br>IDAHO FALLS ID 83401 |       |         |             |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |   |  | 3. <u>New</u> Registered Agent Signature:*                        |       |         |             |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. |                       |   |  |   |       |         |             |
| Office Held  | Name                  | Street or PO Address  |  | City  | State | Country | Postal Code |
| PARTNER  | H.J. CHRISTIANSEN     | 4865 STANDFIELD LANE  |  | IDAHO FALLS   | ID    | USA     | 83401       |
| PARTNER  | LOU ETTA CHRISTIANSEN | 4865 STANDFIELD LANE  |  | IDAHO FALLS   | ID    | USA     | 83401       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 2235</b>  |                       | 6. Annual Report must be signed.*<br><br>Signature: Jim Christiansen<br>Name (type or print): Jim Christiansen<br><br>Date: 01/13/2014<br>Title: President  |  |   |       |         |             |
| Processed 01/13/2014 * Electronically provided signatures are accepted as original signatures.     |                       |   |  |   |       |         |             |