

No. L 524	Reinstatement Annual Report Form ADMIN TERMINATED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROBYN W FEHLMAN 405 N CENTER OAKLEY ID 83346	
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. W.B. WHITELEY FAMILY LIMITED PARTNERSHIP (THE) ROBYN W FEHLMAN P O BOX 92 OAKLEY ID 83346		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
	Robyn W. Fehlman	PO BOX 92 405 N. Center St.	Oakley	ID	USA	83346

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO L 524 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature: <u>Robyn W. Fehlman</u> Name (type or print): <u>Robyn W. Fehlman</u> </div> <div> Date: <u>4/7/11</u> Title: <u>Genpartner</u> </div> </div>
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Issued 04/05/2011 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM