| No. L 5000 | Reinstatement Annual Report Form<br>ADMIN TERMINATED 04/15/2013 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>PATRICIA A MIKELSON<br>20449 RODEO LN<br>WILDER ID 83676 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>L.L. MIKELSON FAMILY LIMITED PARTNERSHIP #1<br>PATRICIA A MIKELSON<br>PO BOX 99<br>WILDER ID 83676 | 3. New Registered Agent Signature. |
| REINSTATEMENT FEE DUE: $30.00 | | |

4. Limited Partnerships: Enter Names and Business Addresses of general partners.

| General Partners | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| | Douglas MIKELSON | PO BOX 99 | WILDER | Id | | 83676 |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>L 5000 | | 5-8-13 |
| | Name (type or print): Douglas MIKELSON | Title: |

Issued 04/19/2013 by KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**