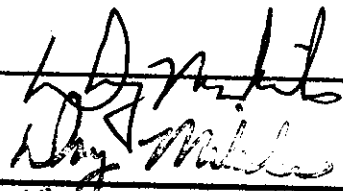


No. L 5000		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		ADMIN TERMINATED 04/15/2013		PATRICIA A MIKELSON 20449 RODEO LN WILDER ID 83676															
REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. L.L. MIKELSON FAMILY LIMITED PARTNERSHIP #1 PATRICIA A MIKELSON PO BOX 99 WILDER ID 83676		3. New Registered Agent Signature.															
4. Limited Partnerships: Enter Names and Business Addresses of general partners.																			
<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>Douglas MIKELSON</td><td>PO BOX 99</td><td>WILDER</td><td>ID</td><td></td><td>83676</td></tr></tbody></table>						General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Douglas MIKELSON	PO BOX 99	WILDER	ID		83676
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: IDAHO L 5000		6.  Signature: Date: 5-8-13 Name (type or print): DOUGLAS MIKELSON Title:																	
Issued 04/19/2013 by KAH																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM