

|  |               |  |          |   |         |             |  |
|--|---------------|--|----------|---|---------|-------------|--|
| No. <b>L 5360</b>  |               | <b>Due no later than Jan 31, 2014</b>  |          | <b>2. Registered Agent and Address (NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GIBBS FAMILY LIMITED PARTNERSHIP<br>CLARA R GIBBS<br>3541 E 3750 N<br>KIMBERLY ID 83341 |          | CLARA R GIBBS<br>3541 E 3750 N<br>KIMBERLY ID 83341 |         |             |  |
|  |               |  |          | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| Office Held  | Name          | Street or PO Address   | City     | State   | Country | Postal Code |  |
| GENERAL PARTNER  | CLARA R GIBBS | 3541 EAST 3750 NO  | KIMBERLY | ID  | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>L 5360</b>  |               | 6. Annual Report must be signed.*<br>Signature: Clara R Gibbs<br>Name (type or print): Clara R Gibbs<br>Date: 01/03/2014<br>Title: General Partner       |          |   |         |             |  |
| Processed 01/03/2014   |               | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |  |