

|                                                                                                                                                        |                    |                                                                                                                                                    |          |                                                              |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|
| No. <b>L 3897</b>                                                                                                                                      |                    | <b>Due no later than Nov 30, 2015</b>                                                                                                              |          | 2. Registered Agent and Address <b>(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>Annual Report Form</b>                                                                                                                          |          | THOMAS T NICHOLSON<br>700 W OVERLAND RD<br>MERIDIAN ID 83642 |         |             |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                                          |          | 3. <u>New</u> Registered Agent Signature:*                   |         |             |
| TFI LIMITED PARTNERSHIP<br>THOMAS T NICHOLSON<br>PO BOX 690<br>MERIDIAN ID 83680                                                                       |                    |                                                                                                                                                    |          |                                                              |         |             |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                               | City     | State                                                        | Country | Postal Code |
| GENERAL PARTNER                                                                                                                                        | THOMAS T NICHOLSON | PO BOX 690                                                                                                                                         | MERIDIAN | ID                                                           | USA     | 83680       |
| GENERAL PARTNER                                                                                                                                        | SCOTT R NICHOLSON  | PO BOX 690                                                                                                                                         | MERIDIAN | ID                                                           | USA     | 83680       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>L 3897</b>                                                                                            |                    | 6. Annual Report must be signed.*<br>Signature: Tom Nicholson<br>Name (type or print): Tom Nicholson<br>Date: 09/21/2015<br>Title: General Partner |          |                                                              |         |             |
| Processed 09/21/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                          |          |                                                              |         |             |