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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|-------|---------|-------------|----------------------------------------------------|--|
| No. <b>L 5501</b>                                                                                                                                      |                 | <b>Due no later than Sep 30, 2009</b>                                                                                                                          |  | <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br><br>SIERRA CABIN LIMITED PARTNERSHIP<br>DAN TONNEMACHER<br>534 S MARION AVE<br>SANDPOINT ID 83864 |  | K H TONNEMACHER<br>534 S MARION AVE<br>SANDPOINT ID 83864 |       |         |             |                                                    |  |
|                                                                                                                                                        |                 |                                                                                                                                                                |  | 3. <u>New</u> Registered Agent Signature:*                |       |         |             |                                                    |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                           |  | City                                                      | State | Country | Postal Code |                                                    |  |
| GENERAL PARTNER                                                                                                                                        | DAN TONNEMACHER | 1111 ELM ST                                                                                                                                                    |  | SANDPOINT                                                 | ID    | USA     | 83864       |                                                    |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>L 5501</b>                                                                                                |                 | 6. Annual Report must be signed.*<br>Signature: Dan Tonnemacher<br>Name (type or print): Dan Tonnemacher                                                       |  |                                                           |       |         |             |                                                    |  |
| Processed 07/17/2009                                                                                                                                   |                 | Date: 07/17/2009<br>Title: General Partner                                                                                                                     |  |                                                           |       |         |             |                                                    |  |
| * Electronically provided signatures are accepted as original signatures.                                                                              |                 |                                                                                                                                                                |  |                                                           |       |         |             |                                                    |  |