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No. L 1095	Reinstatement Annual Report Form ADMIN TERMINATED 07/06/2007		2. Registered Agent and Office (NOT A P.O. BOX) MARLENE WATTS Sue Eschen 917 E 7TH MOSCOW ID 83843													
Return to: SECRETARY OF STATE 480 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WATTS FAMILY LIMITED PARTNERSHIP PHILIP E PETERSON 917 E 7th 318 5TH ST LEWISTON ID 83501 Moscow, Id 83843		3. New Registered Agent Signature. 													
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partner 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>Betty M. Watts</td> <td>1346 29th St</td> <td>Lewiston</td> <td>Id</td> <td>USA</td> <td>83501</td> </tr> </tbody> </table>					General Partner Name	Street or PO Address	City	State	Country	Postal Code	Betty M. Watts	1346 29th St	Lewiston	Id	USA	83501
General Partner Name	Street or PO Address	City	State	Country	Postal Code											
Betty M. Watts	1346 29th St	Lewiston	Id	USA	83501											
5. Organized Under the Laws of IDAHO L 1095 6. Signatures:  Name (Type or print): Sue Eschen Date: 12/29/11 Title: POA																
Issued 11/29/2011 by KAH																