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| No. J 987 | | Due no later than Apr 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | CLARENCE R STARK 35 W IDAHO ST WEISER ID 83672 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ACMCR PARTNERSHIP LLP CLARENCE R STARK PO BOX 309 WEISER ID 83672-1943 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER | CLARENCE R STARK | 35 W IDAHO ST | WEISER | ID | USA | 83672 | |
| PARTNER | RAYMOND G STARK | 3358 AGATE CT | BOISE | ID | USA | 83705 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID J 987 | | Signature: Clarence R Stark | | | | Date: 02/22/2011 | |
| | | Name (type or print): Clarence R Stark | | | | Title: Partner | |
| Processed 02/22/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |