

No. <b>J 2068</b>		<b>Due no later than Apr 30, 2014</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CARLQUIST LIMITED LIABILITY PARTNERSHIP J DOUGLAS CARLQUIST 955 VALLEY RD S EDEN ID 83325 USA		R LYNN CARLQUIST 1092 SOUTH 2500 EAST HAZELTON ID 83335					
				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	R LYNN CARLQUIST	1092 SOUTH 2500 EAST	HAZELTON	ID	USA	83335			
PARTNER	J DOUGLAS CARLQUIST	955 VALLEY RD S	EDEN	ID	USA	83325			
PARTNER	JULIE WOOLSTON	10523 NORTH EDINBURGH DRIVE	HIGHLAND	UT	USA	84004			
5. Organized Under the Laws of:  <b>ID J 2068</b>		6. Annual Report must be signed.* Signature: J. Douglas Carlquist Name (type or print): J. Douglas Carlquist							
		Date: 02/13/2014 Title: Partner							
Processed 02/13/2014		* Electronically provided signatures are accepted as original signatures.							