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|---|---------------------|--|----------|---|---------|-------------|--|
| No. J 2068 | | Due no later than Apr 30, 2014 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. 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 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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: ID J 2068 | | 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. | | | | | | | |