

No. L 4334		Due no later than Feb 29, 2016		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. GARRY & DIANE KILLPACK FAMILY LIMITED PARTNERSHIP (THE) GARRY KILLPACK 1140 N 1290 E SHELLEY ID 83274		GARRY KILLPACK 1140 N 1290 E SHELLEY ID 83274					
				3. <u>New</u> Registered Agent Signature:*					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code		
GENERAL PARTNER	GARRY KILLPACK	1140 N 1290 E		SHELLEY	ID	USA	83274		
5. Organized Under the Laws of: ID L 4334		6. Annual Report must be signed.* Signature: GARRY KILLPACK Name (type or print): GARRY KILLPACK Date: 12/22/2015 Title: PRESIDENT							
Processed 12/22/2015		* Electronically provided signatures are accepted as original signatures.							