

No. L 4630	Reinstatement Annual Report Form ADMIN TERMINATED 06/08/2007		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GODFREY FAMILY LIMITED PARTNERSHIP 2040 WHITE AVE 315 S. Almon MOSCOW ID 83843		JAKE L JABBORA CADE KAVEN 2040 WHITE AVE 315 S. Almon 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>Office Held</th><th>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>General Partner</td><td>Jake Jabbora</td><td>315 S. Almon</td><td>MOSCOW</td><td>ID</td><td>US</td><td>83843</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	General Partner	Jake Jabbora	315 S. Almon	MOSCOW	ID	US
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
General Partner	Jake Jabbora	315 S. Almon	MOSCOW	ID	US	83843											
5. Organized Under the Laws of: IDAHO L 4630		6. <table><tr><td>Signature:</td><td></td><td>Date:</td><td>10-29-09</td></tr><tr><td>Name (type or print):</td><td>Jake Jabbora</td><td>Title:</td><td>General Partner Member</td></tr></table>				Signature:		Date:	10-29-09	Name (type or print):	Jake Jabbora	Title:	General Partner Member				
Signature:		Date:	10-29-09														
Name (type or print):	Jake Jabbora	Title:	General Partner Member														
Issued 10/29/2009 by DKJ																	