

|                                                                                                                                                        |                   |                                                                                                                                                                                               |             |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>J 771</b>                                                                                                                                       |                   | <b>Due no later than Jun 30, 2016</b>                                                                                                                                                         |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>17TH AND STATE SHOPS LLP<br>ROBERT W NAHAS<br>701 E STATE ST STE 150<br>EAGLE ID 83616-6867 |             | ROBERT W NAHAS<br>701 E STATE STE 150<br>EAGLE ID 83616-6867 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                               |             | 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                                                                                                                                                | ROBERT W NAHAS    | 701 E STATE ST STE 150                                                                                                                                                                        | EAGLE       | ID                                                           | USA     | 83616-6867  |  |
| PARTNER                                                                                                                                                | GLENBROOK COMPANY | 504 W 5TH ST                                                                                                                                                                                  | CARSON CITY | NV                                                           | USA     | 89703-4676  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 771</b>                                                                                             |                   | 6. Annual Report must be signed.*<br>Signature: Mary McNally<br>Name (type or print): Mary McNally                                                                                            |             |                                                              |         |             |  |
|                                                                                                                                                        |                   | Date: 05/12/2016<br>Title: Bookkeeper                                                                                                                                                         |             |                                                              |         |             |  |
| Processed 05/12/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |             |                                                              |         |             |  |