

No. <b>L 6164</b>	<b>Due no later than 9/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>
Return to:  SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed.  CASTAGNOLA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP PO BOX 1055 EAGLE ID 83616		ARTHUR A CASTAGNOLA 21831 CASTAGNOLA LN STAR ID 83669  3. New Registered Agent Signature:
4. Limited Partnerships: Enter Names and Addresses of General Partners.			
Office Held	Name	Street or PO Address	City State Zip
manager	Arthur Castagnola	21831 Castagnola Ln.	Star ID 83616
5. Organized Under the Laws of:  <b>ID L 6164</b>		6. Annual Report must be signed.  Signature: <u>Arthur A. Castagnola</u> Date: <u>8-19-09</u> Name(type or print): <u>Arthur A. Castagnola</u> Title: <u>8-19-09</u>	