No. J 896	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BO GARY K BLICK 112 MAIN ST CASTLEFORD, ID 83321	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE		3	New Registered Agent S	Signature
 Limited Liability Partnersh 	ips: Enter Names and Business A	ddresses of two (2) or more partners.	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
Partner Gary Blick	8.0. Box 635	- Castleforl	a Idaho	83321
Partner Gary Blick Partner Benny Blick Partner Phil Blick	,	"	\ '	W
Partner Phil Blick	, , , , , , , , , , , , , , , , , , , ,	,	"	W
5. Organized Under the Laws of: IDAHO J 896	6. Signature	18/	Date	,
	Name Printed or Benny	Blick	Title <u>General</u>	Burtn
Issued 05/01/2006	Do Not Tape or S	taple	20060700	2559