

No. <b>J 396</b>	Due no later than Jul 31, 2011 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ARLENE MCCLAIN 1376 TARGHEE DR TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FOUR GRAND INVESTORS, L.L.P. GLENN MCCLAIN 1378 TARGHEE DR TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.	

**4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.**

Partners	Name	Street or PO Address	City	State	Country	Postal Code
<i>Managing Partner</i>	<i>Arlene M. McClain</i>	<i>1378 Targhee Dr.</i>	<i>Twin Falls</i>	<i>Idaho</i>	<i>USA</i>	<i>83301</i>
<i>Partner</i>	<i>Heather M. McClain</i>	<i>5330 Hillside Dr</i>	<i>Kolladon</i>	<i>Idaho</i>	<i>"</i>	<i>83417</i>

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO J 396           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Signature: <u><i>Arlene M. McClain</i></u> </td> <td style="width: 30%;">           Date: <u><i>7-14-11</i></u> </td> </tr> <tr> <td>           Name (type or print): <u><i>Arlene M. McClain</i></u> </td> <td>           Title: <u><i>Managing Partner</i></u> </td> </tr> </table>	Signature: <u><i>Arlene M. McClain</i></u>	Date: <u><i>7-14-11</i></u>	Name (type or print): <u><i>Arlene M. McClain</i></u>	Title: <u><i>Managing Partner</i></u>
Signature: <u><i>Arlene M. McClain</i></u>	Date: <u><i>7-14-11</i></u>				
Name (type or print): <u><i>Arlene M. McClain</i></u>	Title: <u><i>Managing Partner</i></u>				

Issued 07/11/2011 by DK1
104687

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM