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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|------------------|-------------|--|
| No. <b>J 1533</b>                                                                                                                                      |                  | <b>Due no later than Dec 31, 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>                                                                                                                |       | BEVERLY E MORRIS<br>1733 C SOUTHSIDE BLVD<br>MELBA ID 83641-0183 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                                |       | 3. <u>New</u> Registered Agent Signature:*                       |                  |             |  |
|                                                                                                                                                        |                  | BEVERLY E. MORRIS FAMILY LIMITED LIABILITY PARTNERSHIP (THE)<br>BEVERLY E. MORRIS<br>1733 C SOUTHSIDE BLVD<br>MELBA ID 83641-0183<br>USA |       |                                                                  |                  |             |  |
| 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                                                                                                                                                | BEVERLY E MORRIS | 1733 C SOUTHSIDE BLVD                                                                                                                    | MELBA | ID                                                               | USA              | 83641-0183  |  |
| PARTNER                                                                                                                                                | DIANE C MORRIS   | 1733 C SOUTHSIDE BLVD                                                                                                                    | MELBA | ID                                                               | USA              | 83641-0183  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                        |       |                                                                  |                  |             |  |
| <b>ID<br/>J 1533</b>                                                                                                                                   |                  | Signature: Diane C. Morris                                                                                                               |       |                                                                  | Date: 10/31/2016 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Diane C. Morris                                                                                                    |       |                                                                  | Title: Partner   |             |  |
| Processed 10/31/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                                  |                  |             |  |