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|--|--------------|--|-------|---|---------|-------------|--|
| No. L 3382 | | Due no later than Mar 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | LOIS M LENZI 203 N JANTONI DR BOISE ID 83712-8126 | | | |
| | | 1. Mailing Address: Correct in this box if needed. LENZI FAMILY LIMITED PARTNERSHIP LOIS M LENZI 203 N JANTONI DR BOISE ID 83712-8126 | | 3. <u>New</u> Registered Agent Signature: * | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | LOIS M LENZI | 203 N JANTONI DR | BOISE | ID | USA | 83712-8126 | |
| 5. Organized Under the Laws of: ID L 3382 | | 6. Annual Report must be signed.* Signature: Lois M Lenzi Name (type or print): Lois M Lenzi Date: 02/15/2017 Title: General Partner | | | | | |
| Processed 02/15/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |