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| No. L 6676 | | Due no later than Apr 30, 2018 | | 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 1. Mailing Address: Correct in this box if needed. C. KEVIN ANDREWS FAMILY LIMITED PARTNERSHIP C KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274 | | C KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | STEPHANIE ANN ANDREWS | 674 E 1550 N | SHELLEY | ID | USA | 83274 | |
| GENERAL PARTNER | C KEVIN ANDREWS | 674 E 1550 N | SHELLEY | ID | USA | 83274 | |
| 5. Organized Under the Laws of: ID L 6676 | | 6. Annual Report must be signed.* Signature: Kevin Andrews Name (type or print): Kevin Andrews Date: 03/17/2018 Title: GENERAL PARTNER | | | | | |
| Processed 03/17/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |