

No. L 6676		Due no later than Apr 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. C. KEVIN ANDREWS FAMILY LIMITED PARTNERSHIP C. KEVIN ANDREWS 674 E 1550 N SHELLY ID 83274		C KEVIN ANDREWS 674 E 1550 N SHELLY ID 83274			
NO FILING FEE IF RECEIVED BY DUE DATE				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.					