No. L 3604	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHARLES DOUGLAS MAIRS 3523 MOUNTAIN VIEW DR
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	Mailing Address: Correct in this box if needed. MAIRS LIMITED PARTNERSHIP (THE)		
			BOISE ID 83704
		EES DOUGLAS MAIRS	Terry L Mains
BOISE, ID 83720-0080	l	MOUNTAIN VIEW DR	3523 Mountain View Dr
	BOIS	E ID 83704	Boise ID 83704
NO FILING FEE IF RECEIVED BY DUE DATE	Te	rry L. Mairs	3. New Registered Agent Signature.
	127	rry L. Mains 4 Arafa Way Vario, OR 97914	Jen Main
	U W	47479	a sy noun
4. Limit	ted Pai	tnerships: Enter Names and Business Addresse	s of general partners.
General Partners Name Street or PO Address City State Country Postal Code Terry (Mairs 1274 Arafa Way Ontario, OR USA 97914 M. Fae Mairs 3523 Mountain View Dr., Boise, ID USA 83704			
Terry (Mairs 1274 Aratallay Ontario, OK 45% 91914			
M For Maine 3523 Mountain View Dr. Boise, ID USA 83704			
77. 14e 7 14m3			
ŀ			•
5. Organized Under the Laws of:		6.	2.1
IDAHO L 3604		Signature	Date:
		Nome there are notification	12-3-2013
2 300 1		Name (type or print): Tenry Mains	12-5-2013 Title: Gen Partner
T			Gen rarmer
Issued 11/26/2013 by KAH			131357
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM			
Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the			
correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.			
corrected address must be i	nside B	OCK 1.	
Block 2: To change the region of the registered agent must	stered at a	igent or office, strike the incorrect information and wri street address in Idaho, not a Post Office Box or P	te in the correct information. Note: The office rersonal Mail Box.
Block 3: Only a <u>new</u> registe	ered age	ent must sign in Block 3.	
Block 4: Enter names and business addresses of general partners. Note: <u>DO NOT</u> put "same as last year" or "same as above".			
These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.			
Block 5: May not be altered through the use of this form.			
Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.			
** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.			
If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at			
www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301			

POSTMARK DATES WILL NOT BE ACCEPTED

If the document is incorrect, is there a telephone number to reach you for corrections?