_{No.} L 2794	Reinstatement Annual Report Form ADMIN TERMINATED 10/04/2012	2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. KEENAN FAMILY LIMITED PARTNERSHIP RICHARD H KEENAN 41 S MAIN	921 S ORCHARD ST STE G BOISE ID 83705 USA	
REINSTATEMENT FEE	FAIRPORT NY 14450	3. New Registered Agent Signature.	
4. Lim	ited Partnerships: Enter Names and Business Address Name Street or PO Address City	es of general partners. State Country Postal Code	
Richard H. Kee	nan 41 S. Main St. Fairpor	rt NY U.S. 14450	
Sally M. Keena	41 G Main St Fairmor	rt NY U.S. 14450	
5. Organized Under the I	aws of: 6. Signature: At Lean	Date: 10/23/2014	
L 2794	Name (type or print):	Title: General Partn	

INSTRUCTIONS FOR THE IDAHO ANNUAL DEPORT FORM