

No. <b>J 973</b>		<b>Due no later than Mar 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  M.A. BERRETT FAMILY PARTNERSHIP, LLP 2891 SHELLY POCATELLO ID 83201		CRAE BERRETT 2891 SHELLY POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	ANALEE MCDONALD	2129 S. 5100 W	TAYLOR	UT	USA	84401	
PARTNER	CRAE BERRETT	2891 SHELLY PL	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>J 973</b>		6. Annual Report must be signed.*  Signature: Crae Berrett Name (type or print): Crae Berrett  Date: 01/09/2012 Title: Manager					
Processed 01/09/2012 * Electronically provided signatures are accepted as original signatures.							