




No. L 5844		Reinstatement Annual Report Form ADMIN TERMINATED 07/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) INCPOR SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. MILES FAMILY LIMITED PARTNERSHIP BRUCE A MILES 101 ELMCROFT RD ROCHESTER NY 14609		3. New Registered Agent Signature.															
4. Limited Partnerships: Enter Names and Business Addresses of general partners.																			
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>G.P.</td><td>Bruce A. Miles</td><td>101 Elmcroft Rd.</td><td>Rochester</td><td>NY</td><td>Monroe</td><td>14609</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	G.P.	Bruce A. Miles	101 Elmcroft Rd.	Rochester	NY	Monroe	14609
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
G.P.	Bruce A. Miles	101 Elmcroft Rd.	Rochester	NY	Monroe	14609													
5. Organized Under the Laws of: IDAHO L 5844		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td colspan="2">5-18-08</td></tr><tr><td>Name (type or print):</td><td>Bruce A. Miles</td><td>Title:</td><td colspan="2">General Partner</td></tr></table>				Signature:		Date:	5-18-08		Name (type or print):	Bruce A. Miles	Title:	General Partner					
Signature:		Date:	5-18-08																
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Issued 08/14/2008 by CLH																			