

No. L 5797	Reinstatement Annual Report Form ADMIN TERMINATED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) RAYMOND D SCHILD 708 1/2 W FRANKLIN BOISE ID 83702														
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. OSPREY RIDGE PARTNERS, LLLP JACK W HAWKINS 12927 W WOODSPRING ST BOISE ID 83713																
3. New Registered Agent Signature.																	
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</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></td> <td>Osprey Ridge LLC</td> <td>12927 W. Woodspring St</td> <td>Boise ID</td> <td>USA</td> <td></td> <td>83713</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Osprey Ridge LLC	12927 W. Woodspring St	Boise ID	USA		83713
General Partners	Name	Street or PO Address	City	State	Country	Postal Code											
	Osprey Ridge LLC	12927 W. Woodspring St	Boise ID	USA		83713											
5. Organized Under the Laws of: IDAHO L 5797		6. Signature:  Name (type or print): JACK HAWKINS Date: 10-2-12 Title: MANAGER															

Issued 10/02/2012 by KAH