

No. L 2019		Due no later than Jul 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HAYS LIMITED PARTNERSHIP BRYCE T BRADLEY TRUST 1519 WEST HAYS ST BOISE ID 83702-4027		DR. BRYCE T BRADLEY 1519 W HAYS BOISE ID 83702-4027		
				3. <u>New</u> Registered Agent Signature:*		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	BRYCE T. BRADLEY TRUST	1519 W HAYS	BOISE	ID	USA	83702-4027
GENERAL PARTNER	GAYLE B BRADLEY TRUST	1519 W HAYS	BOISE	ID	USA	83702-4027
5. Organized Under the Laws of: ID L 2019		6. Annual Report must be signed.* Signature: Dr. Bryce T Bradley Name (type or print): Dr. Bryce T Bradley Date: 06/15/2011 Title: Agent				
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.				