

No. L 3104 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. RCP FAMILY LIMITED PARTNERSHIP RICHARD EGGLESTON 1510 E 4500 N BUHL ID 83316	2. Registered Agent and Office (NOT A P.O. BOX) <i>Cheryl</i> RICHARD EGGLESTON 1510 E 4500 N BUHL ID 83316 3. New Registered Agent Signature. <i>Cheryl Eggleston</i>																					
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>General Partner</td> <td>Richard Eggleston</td> <td>1510 E 4500 N</td> <td>Idaho</td> <td></td> <td></td> <td>83316</td> </tr> <tr> <td>General Partner</td> <td>Cheryl Eggleston</td> <td>1510 E 4500 N</td> <td>Idaho</td> <td></td> <td></td> <td>83316</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	General Partner	Richard Eggleston	1510 E 4500 N	Idaho			83316	General Partner	Cheryl Eggleston	1510 E 4500 N	Idaho			83316
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5. Organized Under the Laws of: IDAHO L 3104	6. Signature: <i>Cheryl Eggleston</i> Date: <i>4/14/10</i> Name (type or print): <i>Cheryl Eggleston</i> Title: <i>Partner</i>																						
Issued 04/12/2010 by SLD 104649																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of general partners. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.

**** The Image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Partnership is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED