

|                                                                                                                                                        |                        |                                                                                                                                                                                                            |        |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|-------------|--|
| No. <b>L 2790</b>                                                                                                                                      |                        | <b>Due no later than Jun 30, 2014</b>                                                                                                                                                                      |        | <b>2. Registered Agent and Address (NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                        | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>HERBERT H. WHITWORTH LIMITED PARTNERSHIP (THE)<br>HERBERT H WHITWORTH JR<br>5425 HYWAY 93<br>MACKAY ID 83251 |        | HERBERT H WHITWORTH JR<br>5425 HYWAY 93<br>MACKAY ID 83251 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                                            |        | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| Office Held                                                                                                                                            | Name                   | Street or PO Address                                                                                                                                                                                       | City   | State                                                      | Country | Postal Code |  |
| GENERAL PARTNER                                                                                                                                        | SHARON S WHITWORTH     | 5419 HI WAY 93                                                                                                                                                                                             | MACKAY | ID                                                         | USA     | 83251       |  |
| GENERAL PARTNER                                                                                                                                        | HERBERT H WHITWORTH JR | 5425 HYWAY 93                                                                                                                                                                                              | MACKAY | ID                                                         | USA     | 83251       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>L 2790</b>                                                                                            |                        | 6. Annual Report must be signed.*<br>Signature: Herb Whitworth<br>Name (type or print): Herb Whitworth<br>Date: 04/25/2014<br>Title: Partner                                                               |        |                                                            |         |             |  |
| Processed 04/25/2014                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                                                  |        |                                                            |         |             |  |