No. **L 6405**	**Due no later than May 31, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BUTTARS FAMILY LIMITED PARTNERSHIP R CLEVE BUTTARS P.O. BOX 2035 TWIN FALLS ID 83303	RICHARD CLEVE BUTTARS 1067 LAURELWOOD CT TWIN FALLS ID 83301 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	RICHARD CLEVE BUTTARS	1067 LAURELWOOD CT	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 6405**	Signature: R. Cleve Buttars	Date: 04/15/2013
	Name (type or print): R. Cleve Buttars	Title: Gen Partner

Processed 04/15/2013

* Electronically provided signatures are accepted as original signatures.