

|  |                     |   |       |  |         |             |  |
|--|---------------------|---|-------|--|---------|-------------|--|
| No. <b>L 2869</b>  |                     | <b>Due no later than Oct 31, 2018</b>   |       | 2. Registered Agent and Address <b>(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>   |       | DOROTHY ANN MATTEFS<br>12219 W OLDHAM CT<br>BOISE ID 83709 |         |             |  |
|  |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>LARSON FAMILY LIMITED PARTNERSHIP<br>DOROTHY ANN MATTEFS<br>12219 W OLDHAM CT<br>BOISE ID 83709<br>USA |       | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| Office Held  | Name                | Street or PO Address  | City  | State  | Country | Postal Code |  |
| GENERAL PARTNER  | DOROTHY ANN MATTEFS | 12219 W OLDHAM CT   | BOISE | ID   | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>L 2869</b>  |                     | 6. Annual Report must be signed.*<br>Signature: Dorothy Mattefs<br>Name (type or print): Dorothy Mattefs<br>Date: 08/23/2018<br>Title: General Partner              |       |  |         |             |  |
| Processed 08/23/2018   |                     | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |