| No. L 5747 | | The state of the s | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----|--|------------------------|---|------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NEWBRIDGE LIMITED PARTNERSHIP THOMAS C MANNSCHRECK 413 W IDAHO ST STE 200 BOISE ID 83702 | | THOMAS C MANNSCHRECK 413 W IDAHO ST STE 200 BOISE ID 83702 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Office Held Nar | ne | | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER LLC | | OUSING OF UTAH II | 413 W IDAHO ST STE 200 | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| UT L 5747 | | Signature: Thomas C. Mannschreck | | | Date: 12/07/2010 | | | |
| | | Name (type or print): Thomas C. Mannschreck | | | Title: Manager | | | |
| Processed 12/07/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |