

No. L 4522		Due no later than Nov 30, 2009		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		Annual Report Form		BRAD COUCH 4061 SHADOW MOUNTAIN IDAHO FALLS ID 83404			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		COUCH FAMILY LIMITED PARTNERSHIP BRAD COUCH 4061 SHADOW MOUNTAIN IDAHO FALLS ID 83404 USA					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	BRAD COUCH	4061 SHADOW MOUNTAIN TR	IDAHO FALLS	ID	USA	83404	
GENERAL PARTNER	ROZ COUCH	4061 SHADOW MOUNTAIN TR	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID L 4522		6. Annual Report must be signed.* Signature: Brad Couch Name (type or print): Brad Couch					
				Date: 12/20/2009		Title: Partner	
Processed 12/20/2009		* Electronically provided signatures are accepted as original signatures.					