

No. L 6144		Due no later than Sep 30, 2014		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		PETER STURDIVANT 200 ASPEN LAKES DR HAILEY ID 83333			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PETER TRUST LIMITED PARTNERSHIP TOM THOMAS 2300 W SAHARA AVE STE 530 BOX ONE LAS VEGAS NV 89102					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	THOMAS MANAGEMENT LLC	2300 W SAHARA AVE #530	LAS VEGAS	NV	USA	89102	
5. Organized Under the Laws of: NV L 6144		6. Annual Report must be signed.* Signature: Tom Thomas Name (type or print): Tom Thomas		Date: 07/17/2014 Title: Manager			
Processed 07/17/2014		* Electronically provided signatures are accepted as original signatures.					