| No. L 4630 | | Due no later than Mar 31, 2013 | 2. Registered Agent and Address (NO PO BOX) CADE KONEN 315 S ALMON MOSCOW ID 83843 3. New Registered Agent Signature:* | | | |
|--|--------------|---|--|-------|---------|-------------|
| 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 1. Mailing Address: Correct in this box if needed. GODFREY FAMILY LIMITED PARTNERSHIP 315 S ALMON MOSCOW ID. 93843 | | | | |
| | | MOSCOW ID 83843 | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| GENERAL PARTNER | JULIE JABBOI | RA PO BOX 9043 | MOSCOW | ID | USA | 83843 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Cade Konen | Date: 02/21/2013 | | | |
| L 4630 | | Name (type or print): Cade Konen | Title: Co-Trustee | | | |
| Processed 02/21/2013 | | * Electronically provided signatures are accepted as original s | ignatures. | | | |