No. W 85275	Due no later than Jul 31, 2010 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) JOYCE CALKINS
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CALKINS PARTNERSHIP, LLC JOYCE CALKINS	10915 W GLEN ELLYN BOISE ID 83713
NO FILING FEE IF RECEIVED BY DUE DATE	10915 W GLEN ELLYN BOISE ID 83713	3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.		
	ame Street or PO Address	City State Country Postal Code
Lawr Randa Kenne Oonna	Calkins 10915 W. Glen Ellynst ence Calkins 16685 Rose Briar LAN IL CALKINS 2186 W. McMillan RO TH CALKINS 2144 Charitan Mc Cool 3133 Murcury Court	MEMICIAN IDAHO US 83687 MEMICIAN IDAHO US 83682 BOISE IDAHO US 83703 BOISE IDAHO US 83705
5. Organized Under the Law IDAHO W 85275	Name (type or print): Juyce Calkins	Date: 6-20-10
	Name (type or print): Juyce Calkins	Title:
Issued 05/14/2010 by SL	D	107891

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as above". These</u> will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED