| No. <b>L 6092</b><br>Return to:  |  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BARBARA BOZICH FAMILY LIMITED PARTNERSHIP BARBARA BOZICH CRADER PO BOX 48  BARBARA BOZICH CRADER |                        |                  | 2. Registered Agent and Address (NO PO BOX)  BARBARA BOZICH |         |             |  |
|--|--|--|------------------------|------------------|---|---------|-------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  |  |                        | 179 ARTEMIS WAY  |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |                        | J                |   |         |             |  |
| Office Held  | Name                                       |  | Street or PO Address   | City             | State   | Country | Postal Code |  |
| GENERAL PARTNER  | BARBARA BO                                 | OZICH CRADER   | 179 ARTEMIS WAY        | HOPE             | ID  | USA     | 83836       |  |
| 5. Organized Under the Laws of:  |  | 6. Annual Report m   | nust be signed.*       |                  |   |         |             |  |
| IL<br>L 6092   |  | Signature: Barbara Bozich  |                        | Date: 03/22/2013 |   |         |             |  |
|  |  | Name (type or p  | Title: General partner |                  |   |         |             |  |
| Processed 03/22/2013   | ided signatures are accepted as original s | ignatures.   |                        |                  |   |         |             |  |