

No. L 5213		Due no later than May 31, 2012		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		GRANT KOLNES 9601 W STATE ST STE 110 BOISE ID 83714			
		1. Mailing Address: Correct in this box if needed. KOLNES FAMILY LIMITED PARTNERSHIP GRANT KOLNES PO BOX 1029 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	GRANT KOLNES	P.O. BOX 1029	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID L 5213		6. Annual Report must be signed.* Signature: Grant Kolnes Name (type or print): Grant Kolnes Date: 03/19/2012 Title: Partner					
Processed 03/19/2012		* Electronically provided signatures are accepted as original signatures.					