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| No. L 5213 | | Due no later than May 31, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. KOLNES FAMILY LIMITED PARTNERSHIP GRANT KOLNES PO BOX 1029 EAGLE ID 83616 | | GRANT KOLNES 9601 W STATE ST STE 110 BOISE ID 83714 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| Office Held GENERAL PARTNER | Name GRANT KOLNES | Street or PO Address P.O. BOX 1029 | | City EAGLE | State ID | Country USA | Postal Code 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. | | | | | |