No. **L 4645**	**Due no later than Apr 30, 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** **1. Mailing Address: Correct in this box if needed.** JON & SHAUNA HOLST FAMILY LIMITED PARTNERSHIP (THE) SHAUNA L HOLST PO BOX 486 UCON ID 83454-0486	SHAUNA HOLST 10126 N YELLOWSTONE IDAHO FALLS ID 83401 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	HOLST FAMILY MANAGEMENT LLC	PO BOX 126	UCON	ID	USA	83454

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 4645**	Signature: Shauna L Holst	Date: 02/16/2012
	Name (type or print): Shauna L Holst	Title: Partner

Processed 02/16/2012

* Electronically provided signatures are accepted as original signatures.