No. **L 5678**	**Due no later than Jun 30, 2015**	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.** WOLFE FAMILY LIMITED PARTNERSHIP GRAYE H WOLFE SR 1409 N MAIN MERIDIAN ID 83642 USA	GRAYE H WOLFE SR 1409 N MAIN MERIDIAN ID 83642 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	GRAYE H WOLFE SR	1409 N MAIN	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 5678**	Signature: Graye Wolfe	Date: 06/09/2015
	Name (type or print): Graye Wolfe	Title: General Partner

Processed 06/09/2015

* Electronically provided signatures are accepted as original signatures.