

No. L 5213		Due no later than May 31, 2015 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 LIABILITY LIMITED PARTNERSHIP GRANT KOLNES PO BOX 1029 EAGLE ID 83616 USA		STEPHEN H TELFORD 208 12TH AVE ROAD NAMPA 83686				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
Office Held GENERAL PARTNER	Name KOLNES FAMILY MANAGEMENT LLC	Street or PO Address 1303 12TH AVE S		City NAMPA	State ID	Country	Postal Code 83651	
5. Organized Under the Laws of: ID L 5213	6. Annual Report must be signed.* Signature: Grant R. Kolnes Name (type or print): Grant R. Kolnes		Date: 04/16/2015 Title: General Partner					
Processed 04/16/2015		* Electronically provided signatures are accepted as original signatures.						