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| 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 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 | | 3. <u>New</u> Registered Agent Signature:* | |
| | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | KOLNES FAMILY MANAGEMENT LLC | 1303 12TH AVE S | NAMPA | ID | | 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. | | | | | |