

No. L 4900		Due no later than Aug 31, 2013 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. HOLMES FAMILY LIMITED PARTNERSHIP COLLEEN B HOLMES 8880 E MARINE DR POST FALLS ID 83854 USA		COLLEEN HOLMES 8880 E MARINE DR POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	COLLEEN B HOLMES	8880 MARINE DR		POST FALLS	ID	USA	83854
GENERAL PARTNER	KELLY A PISTONE	410 GREENSFERRY RD		POST FALLS	ID	USA	83854
GENERAL PARTNER	THOMAS M HOLMES	8880 E MARINE DR		POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID L 4900		6. Annual Report must be signed.* Signature: Colleen Holmes Name (type or print): Colleen Holmes					
		Date: 07/18/2013 Title: Owner					
Processed 07/18/2013		* Electronically provided signatures are accepted as original signatures.					