

|  |                   |  |        |  |         |             |
|--|-------------------|--|--------|--|---------|-------------|
| No. <b>L 5207</b>  |                   | <b>Due no later than Apr 30, 2013</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ERICKSON HOLOVKA FAMILY LIMITED PARTNERSHIP<br>JACKLYN HOLOVKA<br>P.O. BOX 1416<br>HAYDEN ID 83835 |        | JACKLYN E HOLOVKA<br>254 W HANLEY AVENUE<br>COEUR D'ALENE ID 83815 |         |             |
|  |                   |  |        | 3. <u>New</u> Registered Agent Signature:*                         |         |             |
| Office Held  | Name              | Street or PO Address   | City   | State  | Country | Postal Code |
| GENERAL PARTNER  | JACKLYN E HOLOVKA | P.O. BOX 1416  | HAYDEN | ID   | USA     | 83835       |
| GENERAL PARTNER  | DAVID A ERICKSON  | P.O. BOX 1416  | HAYDEN | ID   | USA     | 83835       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>L 5207</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Jacklyn Holovka<br>Name (type or print): Jacklyn Holovka<br>Date: 03/29/2013<br>Title: Partner   |        |  |         |             |
| Processed 03/29/2013   |                   | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |