No. **L 2225**	**Due no later than Jul 31, 2012** **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.** RETMIER FAMILY LIMITED PARTNERSHIP RONALD L BELLISTON PO BOX 5399 TWIN FALLS ID 83303-0083	RONALD L BELLISTON 722 NORTH COLLEGE RD TWIN FALLS ID 83303 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	JAMES M RETMIER, MD	1173 HANKINS RD	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 2225**	Signature: James Retmier	Date: 06/01/2012
	Name (type or print): James Retmier	Title: Partner

Processed 06/01/2012

* Electronically provided signatures are accepted as original signatures.