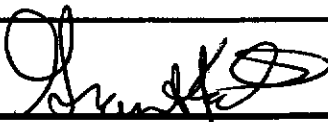


No. L 5213	Reinstatement Annual Report Form ADMIN TERMINATED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) GRANT KOLNES 2156 W AUTUMN CREST PL <i>9601 W State St. Ste 110</i> EAGLE ID 83616 <i>Boise Id 83714</i>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KOLNES FAMILY LIMITED PARTNERSHIP GRANT KOLNES 2156 W AUTUMN CREST PL <i>PO Box 1029</i> EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.	

4. Limited Partnerships: Enter Names and Business Addresses of general partners.					
General Partners	Name	Street or PO Address	City	State	Country Postal Code
	<i>Grant Kolnes</i>	<i>PO Box 1029</i>	<i>Eagle</i>	<i>ID</i>	<i>USA 83616</i>

5. Organized Under the Laws of: <div style="text-align: center; padding: 20px;"> IDAHO L 5213 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature:  </div> <div style="width: 35%;"> Date: <i>1/5/11</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Name (type or print): <i>Grant Kolnes</i> </div> <div style="width: 35%;"> Title: <i>Member</i> <i>Gen part</i> </div> </div>
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Issued 12/15/2010 by SLD