No. L 4898		Due no later than Aug 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. N.V. ERICKSON LIMITED PARTNERSHIP (THE) JANEAL NIELD BOX 249 LEWISVILLE ID 83431		2. Registered Agent and Address (NO PO BOX) BLAIR G ERICKSON 2660 BARBARA AVE IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
GENERAL PARTNER	THE J NEAL TRUST	ERICKSON FAMILY	P.O. BOX 249	LEWISVILLE	ID	USA	83431
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID L 4898		Signature: Janeal Nield		Date: 09/19/2013			
		Name (type or print): Janeal Nield		Title: Partner			
Processed 09/19/2013		* Electronically provid	ed signatures are accepted as original si	anatures.			