No. L 5488	Due no later than September 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to:	1. Mailing Address - Correct in this box, if applicable	ANN E JENSEN
SECRETARY OF STATE 450 NORTH FOURTH STREET	ROCK HAVEN FAMILY LIMITED PARTNERSH	2355 KELSO LAKE RD ATHOL, ID 83801
PO BOX 83720	ANN E JENSEN 2355 KELSO LAKE RD	
BOISE, ID 83720-0080	ATHOL, ID 83801	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Limited Partnerships: En 	ter Names and Business Addresses of General Par	tners.
Office held Name	Street or P.O. Address City	<u>State</u> Zip
MANNACE ANN E.	JENSEN 2355 KELSO LAKE RD.,	1-11-11
MEMBER	MELSO HAVE NO.	ATHOL, 10 8380/
MANAGER PETER MEMBER	C. LENSON 2355 KECSO LAKE RA.,	ATHOL, 10 83801
5. Organized Under the Laws of:	16. /// 14 //	
5. Organized Under the Laws of: IDAHO L 5488	Signature Line 2. Jensen	Date 9/12/05
,		Date 9/12/08 Title REGISTERS ACON