

No. L 2020		Due no later than Jul 31, 2013		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		Annual Report Form		CONNIE FRIBERG NHS 3380 W AMERICANA TERRACE SUITE 120 BOISE ID 83706-2501		
		1. Mailing Address: Correct in this box if needed. FIVE MILE APARTMENT ASSOCIATES LIMITED PARTNERSHIP C. FRIBERG NHS PO BOX 8223 BOISE ID 83707 USA		3. <u>New</u> Registered Agent Signature:*		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	BRAD LISH	3845 W STATE STREET	BOISE	ID	USA	83703
GENERAL PARTNER	ERIN SORENSEN	912 NORTH 28TH STREET	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID L 2020		6. Annual Report must be signed.* Signature: N Smith for C.Friberg Name (type or print): N Smith for C.Friberg Date: 05/30/2013 Title: Executive Assistant				
Processed 05/30/2013		* Electronically provided signatures are accepted as original signatures.				