No. L 2763		Due no later than May 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL J COUGHLIN MD 401 SUMMIT RIDGE BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COUGHLIN FAMILY LIMITED PARTNERSHIP (THE) MICHAEL J COUGHLIN 401 SUMMIT RIDGE BOISE ID 83702		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER			401 SUMMIT RIDGE 401 SUMMIT RIDGE	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mi		Date: 03/18/2010				
L 2763		Name (type o		Title: President				
Processed 03/18/2010 * Electronically provided signatures are accepted as original signatures.								