

No. L 4900		Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOLMES FAMILY LIMITED PARTNERSHIP ROSAMOND M HOLMES 8880 E MARINE DR POST FALLS ID 83854		ROSAMOND M HOLMES 8880 E MARINE DR POST FALLS ID 83854	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature: <i>Rosamond M. Holmes</i>	
4. Limited Partnerships: Enter Names and Addresses of General Partners.					
Office Held	Name	Street or PO Address	City	State	Zip
Owner	Rosamond Holmes	8880 MARINE DR	POST FALLS	ID	83854
Owner	Thomas M. Holmes	8880 Marine Dr	Post Falls	ID	83854
Owner	Colleen Holmes	8880 Marine Dr	Post Falls	ID	83854
Manager/ Gen Partner	Kelly Pistone	8880 Marine Dr	Post Falls	ID	83854
5. Organized Under the Laws of:		6. Annual Report must be signed			
ID L 4900		Signature: <i>Tom & Colleen Holmes</i>		Date: <i>7/10/09</i>	
		Name(type or print): <i>Tom & Colleen Holmes</i>		Title: <i>Partners</i>	