

No. <b>L 5213</b>		<b>Due no later than May 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KOLNES FAMILY LIMITED PARTNERSHIP GRANT KOLNES PO BOX 1029 EAGLE ID 83616		GRANT KOLNES 9601 W STATE ST STE 110 BOISE ID 83714			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
Office Held GENERAL PARTNER	Name GRANT KOLNES	Street or PO Address P.O. BOX 1029		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID L 5213</b>	6. Annual Report must be signed.*  Signature: Grant Kolnes Name (type or print): Grant Kolnes			Date: 03/27/2013 Title: General Partner			
Processed 03/27/2013		* Electronically provided signatures are accepted as original signatures.					