

No. L 4645		Due no later than Apr 30, 2010		Annual Report Form				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		1. Mailing Address: Correct in this box if needed. JON & SHAUNA HOLST FAMILY LIMITED PARTNERSHIP (THE) SHAUNA L HOLST PO BOX 486 UCON ID 83454-0486		SHAUNA HOLST 10126 N YELLOWSTONE IDAHO FALLS ID 83401				3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address		City	State	Country	Postal Code		
GENERAL PARTNER	HOLST FAMILY MANAGEMENT LLC	PO BOX 126		UCON	ID	USA	83454		
5. Organized Under the Laws of: ID L 4645		6. Annual Report must be signed.* Signature: Shauna L Holst Name (type or print): Shauna L Holst							
Processed 03/15/2010		Date: 03/15/2010 Title: Partner							
* Electronically provided signatures are accepted as original signatures.									