No. L 2013	Due no later than Jun 30, 2014 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) BOYD TIM HOBBS 331 PARKINSON RD FRANKLIN ID 83237
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HOBBS RENTALS FAMILY LIMITED PARTNERSHIP PO BOX 117 FRANKLIN ID 83237	
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
Limited Partnerships: Enter Names and Business Addresses of general partners. Scheral Partnerships: Name Street or PO Address City State Country Postal Code Pres, 1304d Tim 140bbs P.O.BOX117 Franklin II). USA 83237 Sec. Elaine L. Hobbs P.O.BOX117 Franklin, ID USA 8323 Directors: Boyd Tim Hobbs P.O.BOX117 Franklin, ID USA 8323 Elaine L. Hobbs P.O.BOX117 Franklin, ID USA 8323 Teffrey Tim Hobbs P.O.BOX 92 Franklin, ID USA 8323		
5. Organized Under the Lav	į.	
IDAHO	Signature	Date: 4-19-14
L 2013	Name (type or print): Boud Tim Hobbs	Title: QWNET
Issued 04/14/2014 by SLD		129320
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM		
Block 1: Entity name may not be aftered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.		
Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.		
Block 3: Only a <u>new</u> registered agent must sign in Block 3.		
Block 4: Enter names and business addresses of general partners. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.		
Block 5: May not be altered through the use of this form.		
Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.		
** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.		
If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.		

POSTMARK DATES WILL NOT BE ACCEPTED

If the document is incorrect, is there a telephone number to reach you for corrections?