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|--|------------------|--|----------|--|---------|-------------|--|
| No. L 5678 | | Due no later than Jun 30, 2011 | | 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 | | Annual Report Form | | GRAYE H WOLFE SR 1409 N MAIN MERIDIAN ID 83642 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| WOLFE FAMILY LIMITED PARTNERSHIP GRAYE H WOLFE SR 1409 N MAIN MERIDIAN ID 83642 USA | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| GENERAL PARTNER | GRAYE H WOLFE SR | 1409 N MAIN | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: ID L 5678 | | 6. Annual Report must be signed.* Signature: Graye Wolfe Name (type or print): Graye Wolfe | | Date: 04/14/2011 Title: General Partner | | | |
| Processed 04/14/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |