No. <b>L 4999</b>		Due no later than Jan 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  R & T HOLMES FAMILY LIMITED PARTNERSHIP  COLLEEN B HOLMES  8880 E MARINE DR			COLLEEN B HOLMES 8880 E MARINE DR			
					POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE		POST FALLS II	D 83854	3. <u>New</u> Registere	ed Agent S	ignature:*		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER GENERAL PARTNER	COLLEEN B THOMAS M ROSAMOND	HOLMES	8880 MARINE DR 8880 MARINE DR 9478 MARINE DR	POST FALLS POST FALLS POST FALLS	ID ID ID	USA USA USA	83854 83854 83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID L 4999		Signature: Colleen Holmes			Date: 02/16/2016			
		Name (type or print): Colleen Holmes			Title: Owner			
Processed 02/16/2016 * Electronically provided signatures are accepted as original signatures.								