No. <b>L 5678</b>				2. Registered A	2. Registered Agent and Address (NO PO BOX)  GRAYE H WOLFE SR  1409 N MAIN  MERIDIAN ID 83642			
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  1. Mailing Address: Correct in this box if needed.  WOLFE FAMILY LIMITED PARTNERSHIP GRAYE H WOLFE SR 1409 N MAIN MERIDIAN ID 83642 USA		1409 N MAIN				
				3. <u>New</u> Registered Agent Signature:*				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	GRAYE H W	OLFE SR	1409 N MAIN	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID L 5678		Signature: Graye Wolfe		Date: 04/12/2010				
		Name (type o	r print): Graye Wolfe	Title: General Partner				
Processed 04/12/2010 * Electronically provided signatures are accepted as original signatures.								