

No. <b>L 529</b>		<b>Due no later than Dec 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		WILLIAM J WORKMAN 785 HANKINS RD TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> WORKMAN FAMILY PARTNERSHIP, A LIMITED PARTNERSHIP BILL WORKMAN 785 HANKINS RD TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	MELVA WORKMAN	799 HANKINS RD.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: <b>ID L 529</b>		6. Annual Report must be signed.* Signature: William Workman Name (type or print): William Workman Date: 10/17/2015 Title: Manager					
Processed 10/17/2015		* Electronically provided signatures are accepted as original signatures.					