No. <b>L 109</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WILLIAM L. JUDY FARMS LOIS J CRITCHFIELD 725 S 200 W		2. Registered Agent and Address (NO PO BOX)				
Return to:				GARY L MEIKLE ESQ				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83405  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		SINEIT OF O	1000					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	ENERAL PARTNER LOIS CRITCHFIELD		725 SO 200 W.		OREM	υT	USA	84058
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID L 109		Signature: lois critchfield Date: 07/20/2017						
		Name (type or print): lois critchfield Title: general Partner						
Processed 07/20/2017	* Electronically provided signatures are accepted as original signatures.							