	क्षा प्रकार के प्रकार के कार्य के किया है। यह के किया के किया के किया के किया किया के किया के किया के किया किय किया के किया के किया किया किया किया किया किया किया किया	
	Due no later than December 31, 2007	2. Registered Agent and Office NO PO BOX
No. L 3945	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	THOMAS E. HILL 160 S. 600 W.
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	THOMAS E. HILL FAMILY LIMITED PARTN THOMAS E. HILL 423 3 500 W /60 5 600 W DRIGGS, ID 83422	DRIGGS, ID 83422 3. New Registered Agent Signature
NO FILING FEE IF		
RECEIVED BY DUE DATE	BY DUE DATE Id Partnerships: Enter Names and Business Addresses of General Partners. City State Zip	
4. Limited Partnerships. Enter Hames Street or P.O. Address Office held Name Gen Partner Thomas E Hill 160 5 600 W DRIGGS ID 83422		
1 5 3 3 4 4 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6		
5. Organized Under the Laws of: IDAHO	6. Signature Thomas & Al	11 Date 10-15-07 11 Title GC4. ParTuck
L 3945	Name Printed Thomas E. Hi	7/ Title 200712005920
leeued 10/01/2007	Do Not Tape or Staple	2001.12