

No. J 1023

Due no later than July 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHAPMAN FAMILY LIMITED PARTNERSHIP  
2000 E DWORSHAK DR  
MERIDIAN, ID 83642FRANK D CHAPMAN  
2000 E DWORSHAK DR  
MERIDIAN, ID 83642NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

N/A

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office heldNameStreet or P.O. AddressCityStateZip

PARTNER FRANK CHAPMAN 2000 E DWORSHAK DR MERIDIAN ID 83642

PARTNER VELMA CHAPMAN 2000 E DWORSHAK DR MERIDIAN ID 83642

5. Organized Under the Laws of:

IDAHO  
J 1023

6.

Signature

Date

Name

(Typed or  
Printed)

Title

Issued 05/01/2007

Do Not Tape or Staple

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