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No. <b>L 4916</b>		Due no later than 9/30/2009	2. Registered Agent and Address (NO PO BOX)	
	TO to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF ECEIVED BY DUE DATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.  HANEY FAMILY LIMITED PARTNERSHIP JAMES A HANEY 6160 GLENEAGLES DR IDAHO FALLS ID 83401	D8SI INC 12426 W EXPLORER DR BOISE ID 83713  3. New Registered Agent Signature:	
4. Limited Partnerships: Enter Names and Addresses of General Partners.				
Offic	ce Held Name	Street or PO Address	City State	Zip
T W	reas. ec. Mari	14n J. Haney 6160 Gleneagles!	dr. Idaho Falls ID. SDr. Idaho Falls ID	63401 87401
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5. O	rganized Under the Laws of: ID L 4916	6. Annual Report must be signed.  Signature:	Date: July Title: Pres.	25,09
Issued 7/22/2009 by DK1			200909	004227