No. L 5792		Due no later than Jan 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. KYLER YEOMANS WILLIAMS FAMILY LIMITED PARTNERSHIP TROY A. WILLIAMS 1431 N FILLMORE ST #100 TWIN FALLS ID 83301		2. Registered Agent and Address (NO PO BOX) JUDITH WILLIAMS 4077 SAGE SPRINGS CIRCLE KIMBERLY ID 83341 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	NERAL PARTNER TROY WILLIA		1431 N FILLMORE ST #100	TWIN FALLS	ID	USA	83301
GENERAL PARTNER	JUDITH WILLIAMS		1431 N FILLMORE ST #100	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jenny Fife		Date: 11/11/2009			
L 5792		Name (type or print): Jenny Fife		Title: Office Manager			
Processed 11/11/2009 * Electronically provided signatures are accepted as original signatures.							