

No. L 698		Due no later than May 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		DAVID A COLEMAN~ 156 2ND AVE WEST TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. THOMAS A. WILLIAMS FAMILY PARTNERSHIP, A LIMITED PARTNERSHIP COLEMAN, RITCHIE & CLUFF PO BOX 525 TWIN FALLS ID 83303-0525		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	WADE WILLIAMS	1304 WEST 3800 NORTH	HOWE	ID	USA	83244	
GENERAL PARTNER	WYATT WILLIAMS	2725 NORTH 3000 EAST	TWIN FALLS	ID	USA	83301	
GENERAL PARTNER	AARON WILLIAMS	2900 EAST 2600 NORTH	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID L 698		6. Annual Report must be signed.* Signature: David A. Coleman Name (type or print): David A. Coleman Date: 04/24/2014 Title: Attorney					
Processed 04/24/2014		* Electronically provided signatures are accepted as original signatures.					