No. J 599		Due no later than Feb 28, 2017 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) BETTY THOMPSON FISHER 72 EAST MAIN MAY ID 83253 3. New Registered Agent Signature:*			
Return to:				the state of the state of the state of				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. THOMPSON FAMILY PARTNERSHIP, LLP SANDRA L THOMPSON P.O. BOX 145 MAY ID 83253		MAY ID 832				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partne	erships: Enter N	ames and Business	Addresses of two (2) or more partners.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER PARTNER PARTNER	SANDRA L THOMPSON JANIS W BENJAMIN TIARA R THOMPSON		P.O. BOX 145 2315 HIRD AVE 953 LOGAN AVE	MAY CALDWELL BOISE	ID ID ID	USA USA USA	83253 83605 83605	
5. Organized Under the Laws of:		6. Annual Report						
ID J 599		Signature: janis w benjamin			Date: 05/30/2017			
		Name (type or		Title: partner				
Processed 05/30/2017	* Electronically provided signatures are accepted as original signatures.							