No. <b>L 4354</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FAMIGLIA LIMITED PARTNERSHIP DAVID W LAWRENCE PO BOX 3915			2. Registered Agent and Address (NO PO BOX)  JULIE WALKER  168N 4400E  RIGBY ID 83442  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				168N 4400E RIGBY ID 83				
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	DAVID LAWF	RENCE	5845 INDIAN WELLS	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID L 4354		Signature: D	avid W. Lawrence	Da	Date: 01/17/2016			
		Name (type or print): David W. Lawrence Title: General Partner						
Processed 01/17/2016	* Electronically provided signatures are accepted as original signatures.							