

No. L 529		Due no later than Dec 31, 2009		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		WILLIAM J WORKMAN 799 HANKINS RD TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. WORKMAN FAMILY PARTNERSHIP, A LIMITED PARTNERSHIP BILL WORKMAN 799 HANKINS RD TWIN FALLS ID 83301 USA		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	MELVA WORKMAN	799 HANKINS RD.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID L 529		6. Annual Report must be signed.* Signature: W J Workman Name (type or print): W J Workman		Date: 10/18/2009 Title: Manager			
Processed 10/18/2009		* Electronically provided signatures are accepted as original signatures.					