No. <b>L 4747</b>		Due no later than Nov 30, 2009	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BCM&W FAMILY LIMITED PARTNERSHIP CHRISTY J WILLIAMS 1198 MOUNTAIN VIEW DR TWIN FALLS ID 83301	1198 MOUNTAI TWIN FALLS II	CHRISTY J WILLIAMS 1198 MOUNTAIN VIEW DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		177177122 15 05301		3			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	BCM&W LLC	720 WEST 3750 NORTH	PLEASANT VIEW	υT	USA	84414-1449	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID L 4747		Signature: Gary J Williams	Date: 09/10/2009	ite: 09/10/2009			
		Name (type or print): Gary J Williams	Title: Managing mer	tle: Managing member BCM&W LLC			
Processed 09/10/2009 * Electronically provided signatures are accepted as original signatures.							