No. **L 5474**	**Due no later than Aug 31, 2016**	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** **1. Mailing Address: Correct in this box if needed.** OCKERMAN FAMILY LIMITED PARTNERSHIP KENT OCKERMAN 329 S WOODRUFF AVE IDAHO FALLS ID 83401	KENT OCKERMAN 996 E 700 N SHELLEY ID 83274 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	KENT OCKERMAN	996 E 700 N	SHELLEY	ID	USA	83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 5474**	Signature: KENT OCKERMAN Name (type or print): KENT OCKERMAN	Date: 06/21/2016 Title: PARTNER

Processed 06/21/2016

* Electronically provided signatures are accepted as original signatures.