No. <b>L 5474</b>		Due no later than Aug 31, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KENT OCKERMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  OCKERMAN FAMILY LIMITED PARTNERSHIP KENT OCKERMAN 329 S WOODRUFF AVE IDAHO FALLS ID 83401			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 OCKERI	MAN	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			Date: 06/29/2015			
		Name (type or print): KENT OCKERMAN			Title: GP			
Processed 06/29/2015	k	Electronically	provided signatures are accepted as origina	al signat	ures.			