No. L 5160 Return to:		Due no later than Feb 28, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SUSAN LIDDLE ANDREWS FAMILY LIMITED PARTNERSHIP C KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274-5034 USA		2. Registered Agent and Address (NO PO BOX) CHARLES KEVIN ANDREWS 674 E 1550 N SHELLEY ID 83274 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	CHARLES KE	EVIN ANDREWS	674 E 1550 N	SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report mu	ust be signed.*				
ID L 5160		Signature: C Kevi	Date: 01/21/2014				
		Name (type or pri	Title: General Partner				
Processed 01/21/2014		* Electronically provided signatures are accepted as original signatures.					