No. L 7283	Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to:				MITCHELL D WATKINS			
700 WEST TEFEEDSON			518 DEL DR JEROME ID 83338 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER MITCHELL	D WATKINS	518 DEL DR	JEROME	ID		83338	
GENERAL PARTNER ANTHONY	D WATKINS	518 DEL DR	JEROME	ID		83338	
5. Organized Under the Laws of: 6. Annu		t must be signed.*					
ID	Signature: Mitchell Watkins		Date: 09/26/2017				
L 7283	Name (type o	Title: Partner					
Processed 09/26/2017	* Electronically provided signatures are accepted as original signatures.						