

No. L 2020		Due no later than Jul 31, 2009		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		CONNIE HOGLAND 1401 SHORELINE DR BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. FIVE MILE APARTMENT ASSOCIATES LIMITED PARTNERSHIP C HOGLAND NEIGHBORHOOD HOUSING SERVICES PO BOX 8223 BOISE ID 83707		3. <u>New</u> Registered Agent Signature: *			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	NORTHWEST POINTE, INC.	P. O. BOX 8223		BOISE	ID	USA	83702
5. Organized Under the Laws of: ID L 2020		6. Annual Report must be signed.* Signature: Connie Hogland Name (type or print): Connie Hogland					
Processed 07/30/2009		Date: 07/30/2009 Title: Ceo - Nhs					
* Electronically provided signatures are accepted as original signatures.							