No. L 5006		Due no later than Feb 28, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. HALLIDAY LIMITED, A LIMITED PARTNERSHIP ROBERT W HALLIDAY 1619 N MOORLAND PL EAGLE ID 83616		2. Registered	2. Registered Agent and Address (NO PO BOX) ROBERT HALLIDAY 1619 N MOORLAND PL EAGLE ID 83616 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1619 N MC EAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE ID 63	010	J. <u>New</u> Regis	tered Agent 31	igriature.		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	ROBERT W	HALLIDAY	1619 N MOORLAND PL	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
ID L 5006		Signature: Margaret Reed Date: 02/02/2017						
		Name (type or print): Margaret Reed Title: Admin. Asst.						
Processed 02/02/2017		* Electronically pr	rovided signatures are accepted as original	signatures.				