




| No. L 1847 | Due no later than Jul 31, 2015 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) LOWELL D BROWNING 5013 HILLSIDE AVE BOISE ID 83703 | | | | | | | | | | | | | | |
|--|---|----------------------|---|---|---|----------------------|------|-------|---------|-------------|--|-------------------|-------------------|-------|----|-----|-------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. LOWELL DEAN BROWNING ASSOCIATES SECOND LIMITED PARTNERSHIP (THE) LOWELL LOWELL DEAN BROWNING ASSOC 5013 HILLSIDE AVE BOISE ID 83703 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | |
| 4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">General Partners</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>LOWELL D BROWNING</td> <td>5013 Hillside Ave</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83703</td> </tr> </tbody> </table> | | | | General Partners | Name | Street or PO Address | City | State | Country | Postal Code | | LOWELL D BROWNING | 5013 Hillside Ave | Boise | ID | USA | 83703 |
| General Partners | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | |
| | LOWELL D BROWNING | 5013 Hillside Ave | Boise | ID | USA | 83703 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO L 1847 | 6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature:  Name (type or print): LOWELL D BROWNING </td> <td style="width: 30%;"> Date: 5-21-15 Title: MGR </td> </tr> </table> | | | Signature:  Name (type or print): LOWELL D BROWNING | Date: 5-21-15 Title: MGR | | | | | | | | | | | | |
| Signature:  Name (type or print): LOWELL D BROWNING | Date: 5-21-15 Title: MGR | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM