

No. L 1940

Due no later than January 31, 2008

Annual Report Form

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SHAWVER FAMILY LIMITED PARTNERSHIP  
~~JAMES SHAWVER~~ *Ralph Shawver*  
844 EDEN RD  
EDEN, ID 83323

2. Registered Agent and Office NO PO BOX

JAMES SHAWVER *Ralph Shawver*  
844 S EDEN RD  
EDEN, ID 83325

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

*Ralph Shawver*

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	Josephine Shawver	844 S. Eden Rd	Eden	ID	83325

5. Organized Under the Laws of:  
IDAHO  
L 1940

6. Signature *Ralph Shawver* Date *12-13-07*

Name (Typed or Printed) *Ralph Shawver* Title *Limited Partner*

Issued 11/01/2007

Do Not Tape or Staple

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