| No. L 1808 | Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. NEWPORT BUSINESS CENTER LIMITED PARTNERSHIP 2635 EASTSIDER DR UNIT 41/42 BOX 835 MCCALL ID 83638 2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | 1 - |
|---|---|---|
| Return to: | | 921 S ORCHARD ST STE G |
| SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 3. <u>New</u> Registered Agent Signature. |
| 4. Limited Partnerships: Enter Names and Business Addresses of general partners. | | |
| General Partners Name Street or PO Address City State Country Postal Code | | |
| | | |
| Newfort Business CenterInc. Happy Valley Road, #673 Scottsdale, AZ. USA 85255 | | |
| 3477 14767 1-000/3-15 500/100/1-1-00/100/1-1-00/1-1-00/1-1-00/1-1-00/1-1-00/1 | | |
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| 5. Organized Under the La | ws of: 6. | |
| 5. Organized orider the Ed | Signature: At (2) | // Date: |
| IDAHO | Ca clear M. Smith | 1/16/2017 |
| L 1808 | Name (type or print): | Title: |
| | 1 | |
| | Colleen Smith | President of General Partner |