No. L 5108		Annual Report Form 1. Mailing Address: Correct in this box if needed. DRISCOLL III LIMITED PARTNERSHIP IAN WEIGHT 2043 E CENTER ST		2.	Registered Agent and Address (NO PO BOX) BRADEN DRISCOLL 2043 E CENTER ST POCATELLO ID 83201 Registered Agent Signature **			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE				3.	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
GENERAL PARTNER	aaron mea	DOWS	2043 E CENTER ST	P	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID L 5108		Signature: Aaron Meadows			Date: 11/13/2017			
		Name (type or print): Aaron Meadows Title: Assistant Controller						
Processed 11/13/2017	* Electronically provided signatures are accepted as original signatures.							