

No. L 4217		Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KOWALLIS LIMITED PARTNERSHIP (THE) TRACY L. KOWALLIS 1000 W AMITY RD BOISE ID 83705		TRACY KOWALLIS 1000 W AMITY RD BOISE ID 83705				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
Office Held GENERAL PARTNER	Name CLYDE A KOWALLIS	Street or PO Address 1000 W AMITY RD		City BOISE	State ID	Country USA	Postal Code 83705	
5. Organized Under the Laws of: ID L 4217	6. Annual Report must be signed.* Signature: TRACY KOWALLIS Name (type or print): TRACY KOWALLIS		Date: 09/20/2017 Title: PARTNER					
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.						