



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2020

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Roise ID 83720

Annual Report: No filing f	ee if received by the due date.	Phone: (208) 334-2300
SOS Control Number: 12690 Limited Partnership (D)	Filing Status: Active-Current Date Formed: 07/10/1991	Formation Locale: ID
Name and Mailing Address: LOWELL DEAN BROWNING ASSO	•) Add or Change Mailing Address:
PARTNERSHIP (THE)	DOIATES THIND LIMITED	
5013 W HILLSIDE AVE BOISE, ID 83703-3506		
Registered Agent (RA) and Regis BARBARA B BROWNING	tered Office (RO) Address: (2	2) Change RA and/or RO Address:
5013 W HILLSIDE AVE		
BOISE, ID 83703		
Note: The	Registered Office address must be a physical	Idaho address (no postal box).
(3) New Registered Agent (RA) Si	gnature:	
		2) above, the new agent must sign here to accept the appointment.
not be accepted. Changes here will not	nd addresses of General Partners. Do NOT affect the entity mailing address. If more s	Figure 1 put 'same as last year' or 'same as above'. These will pace is needed, please add an attachment.
Name	Business Address	City, State, Zip
Barbara 13. 1 Francin	g 5013 Hellside are	Boise od 83703
		-
····		
(5) Signature: Barbara 13. 12	rhung (6	i) Date: 6-19-2020
(5) Signature: Barbara 13. Browning (7) Type/Print Name: Barbara 13. Browning) Title: General Partner
	/ pove. Sign and date this form and return to the ad	ddress provided above.