

No. L 3619

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

**Due no later than December 31, 2007
Annual Report Form**

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

STITH LIMITED PARTNERSHIP (THE)
7790 MOSSY CUP DR
BOISE, ID 83709

2. Registered Agent and Office NO PO BOX

MAX STITH
7790 MOSSY CUP DR
BOISE, ID 83709

3. New Registered Agent Signature

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>
GP	MAX STITH	3820 N. HILLCREST DR	BOISE	ID	83705
GP	LINDA STITH	3820 N. HILLCREST DR	BOISE	ID	83705

5. Organized Under the Laws of:

IDAHO
L 3619

6. Signature Max Stith Date _____
Name (Typed or Printed) MAX STITH Title GENERAL PARTNER