

No. L 3619

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

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

STITH LIMITED PARTNERSHIP (THE)
7790 MOSSY CUP DR
BOISE, ID 83709MAX STITH
7790 MOSSY CUP DR
BOISE, ID 83709NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

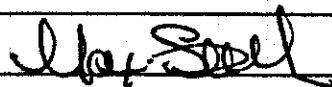
Office held	Name	Street or P.O. Address	City	State	Zip
GP	MAX STITH	3820 N. HARRIS DR	BOISE	ID	83705
GP	LINDA STITH	3820 N. HARRIS DR	BOISE	ID	83705

5. Organized Under the Laws of:

IDAHO
L 3619

6.

Signature



Date

Name (Typed or Printed)

MAX STITH

Title GENERAL PARTNER

Issued 10/01/2007

Do Not Tape or Staple

200712005894