lo. # 346	Annual Report Form 1 y 2 o Due No Later Than November 30,	E. Hogistered / tgent	and Office NOT A P.O. BOX
leturn to: SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct AFFIRMATIVE HOUSING PARTNERS	301 S HA	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GARRY RATZLAFF 301 S HAYES	POCATELLO	O ID 83204
NO FEE REQUIRED		3. Organized Under	the Laws of:
** FINAL NOTICE **	POCATELLO ID 83204	ID	W 346
Corporations: Enter Names and Limited Liability Companies: Ent	d Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Members	s (check one)	
Office held Name	Street or P.O. Address	City	State Zip
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tary	Katelaft 5015. Italies	100 ATTO -	10 01004
Bary	Katelath 5015. Hayes	Pocalello.	2d 83224
Bren	Ratelett 3015Hayes + Norhols Box 426	Pocal ello	Id 87204 Id 83724
Bren	talekft 5015.17ayes + Nehols Box 426	Pocatello:	Id 83704
Bren	talekft 5015.17ayes + Nehols Box 426	Pocatello:	Id 83724
	CMT DA 6. I certify that this Annual Report has been	,	F.
	ENT RA 6. I certify that this Annual Report has been knowledge transcorrect and complete	examined by me an	nd is to the best of my
	6. I certify that this Annual Report has been knowledge trad correct and complete Signature	examined by me an	nd is to the best of my
SIGNATURE OF CURR	ENT RA 6. I certify that this Annual Report has been knowledge trad correct and complete Signature	examined by me an	nd is to the best of my
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