No. L 2284	Reinstatement Annual Report Form ADMIN TERMINATED 01/13/2012	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  CZH LIMITED PARTNERSHIP  NELSON HALL PARRY TUCKER, PA  PO BOX 51630	SCOTT R HALL 490 MEMORIAL DR IDAHO FALLS ID 83402
REINSTATEMENT FEE DUE: \$30.00	IDAHO FALLS ID 83405 Hollow Rd 1299 Elk Hollow Rd North Salt Lake, Ut 84054	3. <u>New</u> Registered Agent Signature.
Limited Partnerships: Enter Names and Business Addresses of general partners.  General Partners Name Street or PO Address City State Country Postal Code  President Karren Stall 1299 Elle Hollow Rd Nowth Salt lake ut  84054		
5. Organized Under the La		
IDAHO	Signature: Haven & Hall	Date: 1-26-16
L 2284	Name (type or print):	Title: President
Issued 01/20/2016 by online		

## **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office