

No. L 1940

Due no later than January 31, 2009
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

SHAWVER FAMILY LIMITED PARTNERSHIP
RALPH SHAWVER
844 EDEN RD
EDEN, ID 83323

RALPH SHAWVER
844 S EDEN RD
EDEN, ID 83325

NO FILING FEE IF
RECEIVED BY DUE DATE

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>
Partner	Josephine Shawver	844 S. Eden Rd	Eden	JO	83325

5. Organized Under the Laws of:
IDAHO
L 1940

6.

Signature

Ralph Shawver

Date

11-16-08

Name (Typed or Printed)

Ralph Shawver

Title

Limit Partner