

5/14/2014

L 3665

No. L 3665	Reinstatement Annual Report Form ADMIN TERMINATED 05/07/2007		2. Registered Agent and Office (NOT A P.O. BOX) WOODROW DUNLAP REID OLSEN 990 MILNER 132 SW 5 th AVE STE 100 BURLEY ID 83318 MGRW 110 83642														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address Correct in this box if needed. COBA LIMITED PARTNERSHIP WOODROW DUNLAP SUSAN PORTER 990 MILNER PO BOX 1114 BURLEY ID 83318 EAGLE ID 83616		3. New Registered Agent Signature. 														
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>SUSAN PORTER</td> <td>PO BOX 1114</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code		SUSAN PORTER	PO BOX 1114	Eagle	ID	USA	83616
General Partners	Name	Street or PO Address	City	State	Country	Postal Code											
	SUSAN PORTER	PO BOX 1114	Eagle	ID	USA	83616											
5. Organized Under the Laws of: IDAHO L 3665		6. Signature:  Name (type or print): Susan Porter Date: 6-3-14 Title: Partner															

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM