File online at: sosbiz.id		Form Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720	B0521-8760 08/
Reinstatemen	t fee: \$30.00.	Phone: (208) 334-2300	27/
SOS Control Number: 13153 Limited Partnership (D)	Filing Status: Inactive-Dissolve Date Formed: 12/31/1991	d (Administrative) Formation Locale: ID	2020
Name and Mailing Address: (1) Add or Change Mailing Address: SATCHWELL PROPERTIES LIMITED PARTNERSHIP 9374 N GREENSFERRY RD POST FALLS, ID 83854-4666 93854-4666			10:06 AM
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: M YVONNE SATCHWELL 9374 N GREENSFERRY RD POST FALLS, ID 83854 Note: The Registered Office address must be a physical Idaho address (no postal box).			Received by
 (3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment (4) Limited Partnership: Enter names and addresses of General Partners. Do NOT put 'same as last year' or 'same as above'. These w 			
not be accepted. Changes here will not aff	ect the entity mailing address. If more space	ce is needed, please add an attachment.	0
M. WOHNE SOTCHWELL	Business Address 9.374 N Chrene Leon N	City, State, Zip Destr Fails Id 8.7554	
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(5) Signature: 11/K/ conce Sot	(6) D	ate: 8 - 10 - 20	0
(7) Type/Print Name M. Yuonne Sat	(8) The ell	ille: President General Parine	rq
Instructions: Legibly complete the form above Sign and date this form and return to the addre	e. Enclose a check made payable to the Idaho ss provided above.	o Secretary of State for \$30.00.	Denney