



## **Idaho Limited Partnership Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 07/31/2019

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Return completed form within 30 days to Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Annual Report: No filing fee if received by the due date.			Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 12690 Filing Status: Active-0		Current		<del>\(\)</del>
Limited Partnership (D)	Date Formed: 07/10/19	91 F	ormation Locale: ID	19
Name and Mailing Address: LOWELL DEAN BROWNING ASSOCIA PARTNERSHIP (THE)	(1) Add or Change Mailing Address:		3:19	
5013 HILLSIDE AVE BOISE, ID 83703				PM
Registered Agent (RA) and Registered Office (RO) Address: BARBARA B BROWNING 5013 HILLSIDE AVE		(2) Change RA and/or RO Address:		Receive
BOISE, ID 83703			e d	
Nate: The Real	stered Office address must be a ph	vsical Idaho ad	dress (no postal box).	
(3) New Registered Agent (RA) Signa	If a new agent is appointed in		ne new agent must sign here to accept the app	
(4) Limited Partnership: Enter names and a not be accepted. Changes here will not affe	ect the entity mailing address. If h	o NOT put 'sai nore space is n	ne as last year' or 'same as above'. eeded, please add an attachment.	O
Name	Business Address		City, State, Zip	
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				£
(5) Signature: Barbara B. Bruss	ung	(6) Date:	(-24-19	we ren
(5) Signature: Barbara B. Browning (7) Type/Print Name: Barbara B. Browning			General Partner	C
Instructions: Legibly complete the form above	/			ָם ב