

No. <b>L 4598</b>		<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  JOEVAL FAMILY LIMITED PARTNERSHIP KATHLEEN ADAMS % CT CORPORATION SYSTEM 37 CHELSEA PARK PITTSFORD NY 14534		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*				
Office Held GENERAL PARTNER	Name KATHLEEN R ADAMS	Street or PO Address 2425 CLOVER ST		City ROCHESTER	State NY	Country USA	Postal Code 14618	
5. Organized Under the Laws of:  <b>ID L 4598</b>	6. Annual Report must be signed.*  Signature: Kathleen Adams Name (type or print): Kathleen Adams		Date: 03/12/2017 Title: General Partner					
Processed 03/12/2017		* Electronically provided signatures are accepted as original signatures.						