

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