No. L 6900		Due no later than Aug 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHRIS AND DONNA TAYLOR FAMILY LIMITED PARTNERSHIP CHRIS S TAYLOR 366 SE 44TH AVE PORTLAND OR 97215		Registered Agent and Address (NO PO BOX) KELLY MILLER 3615 VISTA DR NAMPA ID 83686 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE		TORTENIE					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER GENERAL PARTNER	CHRIS S TAYLOR DONNA M TAYLOR		366 SE 44TH AVE 366 SE 44TH AVE	PORTLAND PORTLAND	OR OR	USA USA	97215 97215
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA L 6900		Signature: chris s taylor		Date: 07/08/2018			
		Name (type or print): chris s taylor		Title: general partner			
Processed 07/08/2018 * Electronically provided signatures are accepted as original signatures.							