No. **L 4673**	**Due no later than Jun 30, 2016**	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** **1. Mailing Address: Correct in this box if needed.** SCISM VENTURES LIMITED PARTNERSHIP DOUGLAS M SCISM PO BOX 44 COUNCIL ID 83612	DOUGLAS M SCISM 2679 FRUITVALE GLENDALE RD FRUITVALE ID 83612 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	DOUGLAS M SCISM	PO BOX 44	COUNCIL	ID	USA	83612

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 4673**	Signature: Douglas M. Scism	Date: 04/28/2016
	Name (type or print): Douglas M. Scism	Title: Registered Agent

Processed 04/28/2016

* Electronically provided signatures are accepted as original signatures.