

**2017 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B07000000322

**Entity Name:** ZIPLOCAL, LP

**Current Principal Place of Business:**

235 E 1600 S  
SUITE 110  
PROVO, UT 84606

**Current Mailing Address:**

PO BOX 50030  
PROVO, UT 84605

**FEI Number:** 20-0398371

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name HAYCOCK, LYLE

Address 235 EAST 1600 SOUTH 110

City-State-Zip: PROVO UT 84606

Document #

Name SCHOELLES, MARJORIE

Address 6551 CROOKED CREEK RD

City-State-Zip: TALLAHASSEE FL 32311

Document #

Name MACLEAN, JESSICA

Address 235 EAST 1600 S STE 110

City-State-Zip: PROVO UT 84606

Document #

Name NIELSON, JENNIFER

Address 235 EAST 1600 S STE 110

City-State-Zip: PROVO UT 84606

Document #

Name WINNIE, CHOU

Address 235 EAST 1600 S STE 110

City-State-Zip: PROVO UT 84606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYLE HAYCOCK

**CFO**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date