



Idaho Limited Partnership Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State

| | | Attn: Reinstatements 450 North 4th Street |
|---|--|--|
| Reinstatement fee: \$30.00. | | Boise, ID 83720 Phone: (208) 334-2300 |
| SOS Control Number: 17849 | Filing Status: Inactive-Dise | · · · · · · · · · · · · · · · · · · · |
| Limited Partnership (D) | Date Formed: 03/13/1995 | Formation Locale: ID |
| Name and Mailing Address: MADSON FAMILY LIMITED PARTN PO BOX 719 BONNERS FERRY, ID 83805-0719 | , , | (1) Add or Change Mailing Address: POBOX 1539 Bonners Zerry Id 838 |
| Registered Agent (RA) and Regist ERVIN E MADSON 329 MADSON RD BONNERS FERRY, ID 83805 (3) New Registered Agent (RA) Sig | | (2) Change RA and/or RO Address: Exic E. Mad Son Borners Ferry Il 8380 |
| (4) Limited Partnership: Enter names ar not be accepted. Changes here will not | nd addresses of General Partners. Do No affect the entity mailing address. If more | OT put 'same as last year' or 'same as above'. These will space is needed, please add an attachment. |
| Name | Business Address | City, State, Zip |
| Eric Madson Eileen madson | PO BOX 1539 | Bonners Ferry Id 83805 Bunners Ferry ID 83805 |
| | | |
| | | |

| (5) Signature: Ocholee M aloon | (6) Date: //-25-2/ |
|-------------------------------------|--------------------|
| (7) Type/Print Name: Carolae Madson | (8) Title: Partner |

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.