



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005565119

Date Filed: 1/17/2024 10:18:00 AM

Due no later than: 02/28/2024

Annual Report: No filing fee if received by the due date.

SOS Control Number: 13325

Filing Status: Active-Current

Limited Partnership (D)

Date Formed: 02/10/1992

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

BRECKENRIDGE FAMILY LIMITED PARTNERSHIP
PO BOX 685
PICABO, ID 83348-0685

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

KATIE BRECKENRIDGE
062 PICABO DESERT RD
PICABO, ID 83348

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Partnership: Enter names and addresses of General Partners. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Name	Business Address	City, State, Zip
KATIE BRECKENRIDGE	702 ROBERT ST.	PICABO, ID. 83348
ROBERT S. STAMMERS	" " "	" " "

(5) Signature: *Katie Breckenridge*

(6) Date: *1/9/24*

(7) Type/Print Name: *KATIE BRECKENRIDGE*

(8) Title: *PRESIDENT/PARTNER*

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0846-9245 01/17/2024 10:18 AM Received by Office of the Idaho Secretary of State