



Idaho Limited Liability Partnership Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

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

For Office Use Only

-FILED-

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

SOS Control Number: 15703

Filing Status: Active-Existing

Limited Liability Partnership (D)

Date Formed: 01/10/2014

Formation Locale: ID

Name and Mailing Address:

THOMAS PARK LIMITED LIABILITY PARTNERSHIP
PO BOX 441
HEYBURN, ID 83336-0441

(1) Add or Change Mailing Address:

NA

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

ANITA THOMAS
1910 Y ST
HEYBURN, ID 83336

(2) Change RA and/or RO Address:

NA

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

(3) New Registered Agent (RA) Signature:

NA

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

(4) Limited Liability Partnerships: Enter names and addresses of 2 or more 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
ANITA THOMAS	1910 Y ST	HEYBURN, ID 83336
DARRELL THOMAS	1910 Y ST	HEYBURN, ID 83336

(5) Signature:

Anita Thomas

(6) Date:

January 3, 2025

(7) Type/Print Name:

ANITA THOMAS

(8) Title:

Limited Partner

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

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