



Idaho Limited Partnership Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements

Reinstatement fee: \$30.00.		450 North 4th Street Boise, ID 83720	
			Phone: (208) 334-2300
SOS Control Number: 872	Filing Status: Inactive-D		
Limited Partnership (D)	Date Formed: 08/19/198	2 Fo	ormation Locale: ID
Name and Mailing Address: SWIFT CREEK ASSOCIATES, L 1277 SHORELINE LANE BOISE, ID 83702	IMITED PARTNERSHIP	(1) Add or Ch	nange Mailing Address:
Registered Agent (RA) and Re	gistered Office (RO) Address:		RA and/or RO Address:
205 N 10TH ST 4TH FL		Dianne Hunt	
BOISE, ID 83702		1277	shoreline Ln.
(3) New Registered Agent (RA) (4) Limited Partnership Enter name not be accepted. Changes here will	If a new agent is appointed in s and addresses of General Partners. Do not affect the entity mailing address. If m	idal Idaho add furf ilem (2) above, the NOT put sarr	ne as last year' or 'same as above'. These will seded, please add an attachment.
Name	Business Address		City, State, Zip
Duke Reiley	110 N. Creek	Ln.	Hailey, 1D 833333
(5) Signature. Hour	ne Zinte	(6) Date:	Dec 9, 2019
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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.