



## **Idaho Limited Partnership Annual Report Form**

	Idaho Limited P	artnership Annual Rep	ort Form		B0423-39
Annu	File online at: sos.idaho.gov  Due no later than: 12/31/2019  Annual Report: No filing fee if received by the due date.			Return completed form within 30 days Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control	Number: 15595 ership (D)	Filing Status: Active-Curre	ent	nation Locale: ID	2019
Name and Mailing Address:  DEAL FAMILY LIMITED PARTNERSHIP (THE)  917 2ND ST S  NAMPA, ID 83651-3811					9:39 AM R
Registered Agent (RA) and Registered Office (RO) Address:  WILLIAM W DEAL  917 2ND ST SO  NAMPA, ID 83651  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:					
(4) Limited Part	nership: Enter names and	If a new agent is appointed in itematical information of the second seco	OT put 'same a	as last year' or 'same as	above'. These w
not be accepted. Changes here will not affect the entity mailing address. If more space			space is need		
Name	m W. Deal	917 2 St So		City, State, Zip Nampa, Idahe	8365/ pi
Joan +	I. Deal	917 2ND St So		Nampa, Idaho	83651
Ferris	L. Goul	917 2W StSo		Nampa, Idaho	24 92 40 17
(5) Signature:	<u> Walliamivi)</u>			ember 24, 20 eral Partner	awerence De

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