



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/21/2020

Return completed form within 30 days to:

Idaho Secretary of State

Annual Report: No filing fee if received by the due date.		Attn: Annual Reports 450 North 4th Street
		Boise, ID 83720
		Phone: (208) 334-2300
SOS Control Number: 15595	Filing Status: Active-Curre	ent
Limited Partnership (D)	Date Formed: 12/08/1993	Formation Locale: ID
Name and Mailing Address: DEAL FAMILY LIMITED PARTNERS	HIP (THE)	(1) Add or Change Mailing Address:
917 2ND ST S NAMPA, ID 83651-3811		
10 0000 0011		
Registered Agent (RA) and Register WILLIAM W DEAL 917 2ND ST S	red Office (RO) Address:	(2) Change RA and/or RO Address:
NAMPA, ID 83651		
Note: The Re	gistered Office address must be a physi	cal Idaho address (no postal box).
(3) New Registered Agent (RA) Sign		
		em (2) above, the new agent must sign here to accept the appointment.
(4) Limited Partnership: Enter names and not be accepted. Changes here will not at	l addresses of General Partners. Do Nifect the entity mailing address. If mor	NOT put 'same as last year' or 'same as above'. These will be space is needed, please add an attachment.
Name	Business Address	City, State, Zip
William W Deal	917 212 5+ 50	Nampa JD 8365,
JOAN H. Deal	917 2 MO St SO	Nampa, ID 83451
	·	
	- 	
<u> </u>	- -L	
1		
(5) Signature: // Ill au A	L	(6) Date: 1//3/2020
(7) Type/Print Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Deal	(6) Date: 1//3/2020 (8) Title: Partner
, , , , , , , , , , , , , , , , , , , 		

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