



Idaho Limited Liability Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2021

Report Form

Return completed form within 30 daysto:
Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720

Annual Report: No filing fee if received by the due date.		1	Boise, ID 83720 Phone: (208) 334-2300	01
SOS Control Number: 3204	Filing Status: Active-Exist	ing		N 2
Limited Liability Partnership (D)	Date Formed: 03/24/1999	F	Formation Locale: ID	21
Name and Mailing Address: ELITE RIFLE WORKS LLP 4293 E FRANKLIN RD NAMPA, ID 83687-8485		(1) Add or (Change Mailing Address:	2:34
14AWFA, 1D 03007-0403				PM
Registered Agent (RA) and Regist JIM COMBE 4293 E FRANKLIN RD NAMPA, ID 83687	stered Office (RO) Address:	(2) Change	RA and/or RO Address:	Received
Note: The (3) New Registered Agent (RA) S	Registered Office address must be a physicignature:		dress (no postal box). he new agent must sign here to accep	ot the appointment
(4) Limited Liability Partnerships: Ente These will not be accepted. Changes	er names and addresses of 2 or more Part here will not affect the entity mailing addre	ners. Do N	OT put 'same as last year' or 's	ame as above
Name	Business Address		City, State, Zip	<u>ل</u> <u>د</u>
Jim Combe Ray Comke	4293 E. Franklin 3275 E. Whitman	Rd. Dr.	Nampa Id. 8 Buisc I.d. 8	83687 # 837/6 # 9
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				# # S
-				<u>ф</u>
(5) Signature:		(6) Date:	2/25/21	awer
(7) Type/Print Name: Jim	Combe	(8) Title:	2/25/21 partner	enc
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.