



Idaho Limited Partnership Annual Report Form

File online at: sos.idaho.gov

Return completed form within 30 days to:

Due no later than: 03/31/2020		Attn: Annual Reports 450 North 4th Street	
Annual Report: No filing fe	ee if received by the due date.	Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 22646	Filing Status: Active-Current		
Limited Partnership (D)	Date Formed: 03/03/1998	Formation Locale: ID	
Name and Mailing Address: SFT LIMITED PARTNERSHIP	(1) <i>P</i>	Add or Change Malling Address:	
26523 STAFFORD RD			
CALDWELL, ID 83607-8739			
Registered Agent (RA) and Regist	ered Office (RO) Address: (2) C	Change RA and/or RO Address:	
DIANA J STANLEY			
26523 STAFFORD RD CALDWELL, ID 83607			
Note: The F	Registered Office address must be a physical Id	aho address (no postal box).	
(3) New Registered Agent (RA) Sig	nature: If a new agent is appointed in sem (2) a	above, the new agent must sign here to accept the appointment.	
(4) Limited Partnership: Enter names ar not be accepted. Changes here will not	nd addresses of General Partners. Do NOT paffect the entity mailing address. If more spa	ut 'same as last year' or 'same as above'. These will ce is needed, please add an attachment.	
Name	Business Address	City, State, Zip	
DIANA & STANLSY	26523 STAFFORD RD	CALDWELL IN 83607	
M.C. STANLEY	16523 STAFFORD RD	CALDWELL 10 83607	
(5) Signature: M.C. Sta	(6) D	ate: 2-20-2020	
(7) Type/Print Name: M.C. STRI	ンレチフ (8) TI	A	

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