

Idaho Limited Partnership Annual Report Form

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Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date

For Office Use Only

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File #: 0004935940

Date Filed: 10/3/2022 3:22:00 PM

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SOS Control Number: 29383	Filing Status: Active-Current		202
Limited Partnership (D)	Date Formed: 10/27/2003	Formation Locale: ID	N
Name and Mailing Address:) Add or Change Mailing Address:	ಬ
ANNA MAE POWERS FAMILY LIMITED	PARTNERSHIP		N
1520 CRESTVIEW AVE			N
NAMPA, ID 83686-8596			יי ב
			<u>z</u>
Registered Agent (RA) and Registered JANET LOUISE BEYMER	I Office (RO) Address: (2	2) Change RA and/or RO Address:	6 0 0
1520 CRESTVIEW AVE			iVe
NAMPA, ID 83686			ው ሷ
Note: The Regis	tered Office address must be a physical	Idaho address (no nostal hov)	λq
,	• •	tuano address (no postar box).	_
(3) New Registered Agent (RA) Signate			<u>H</u>
		2) above, the new agent must sign here to accept the appoin	
not be accepted. Changes here will not affect	Idresses of General Partners. Do NO tithe entity mailing address. If more s	T put 'same as last year' or 'same as above'. The pace is needed, please add an attachment.	ese will <u>N</u>
Name	Business Address	City, State, Zip	
Kalriva Pacheco	Turlock Ca 95	Rd. Turlock Ca 953	\$\$0 ^H
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(5) Signature: Sant Louis	al Reyme 18	i) Date: 9-30-2022	ary
(7) Type/Print Name: Janet Lou	use Beymer "	3) Title: Agent	0
Instructions: Legibly complete the form above.	/	O	20 ct