



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2020

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.			oise, ID 83720	, N
Almaar Ropola No Illin	g ico ii icocivou by the due dute.	P	hone: (208) 334-2300	(
SOS Control Number: 8774	Filing Status: Active-Cu	ırrent		2
Limited Partnership (D)	Date Formed: 06/25/198	37 F	ormation Locale: ID	2
Name and Mailing Address:		(1) Add or C	hange Mailing Address:	
J & R ROBERTS LIMITED PART	NERSHIP			2
44 E 500 S				Œ
BURLEY, ID 83318-5687				יין בּ
Registered Agent (RA) and Reg	nistered Office (RO) Address:	(2) Change F	RA and/or RO Address:	
JEFFERY C ROBERTS	giotoroa o moo (No) Address.	(=) =		Ĉ
44 E 500 S				Celv
BURLEY, ID 83318				0
				٥
Note: T	he Registered Office address must be a ph	ysical Idaho add	ress (no postal box).	Š
(2) New Posistered Agent (PA)	Sianatura			F
(3) New Registered Agent (RA)		r item (2) above, th	e new agent must sign here to accept the appointm	
(4) Limited Partnership: Enter name not be accepted. Changes here will	s and addresses of General Partners. D not affect the entity mailing address. If m	o NOT put 'sam	ne as last year' or 'same as above'. Thes eded, please add an attachment.	se will 0
Name	Business Address		City, State, Zip	
Jeff C. Roberts	44E 500S		Burley, Idaho 83318	
Joyce R Roberts	44E 500-S		Burley Idaho 83318	
				- *
				<u>-</u>
				<u> —</u> t
				W 0
(5) Signature: () of (C) Ro	bests	(6) Date:	6-20-20	Ģ
(5) Signature: () eff C. Roberts (6) Date: 6-20-20 (7) Type/Print Name: Jeff C. Roberts (8) Title: Partner				
-				
Instructions: Legibly complete the forn	n above. Sign and date this form and return to	the address prov	rided above.	Ū