



# Idaho Limited Partnership Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



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

For Office Use Only

**-FILED-**

File #: 0005185448

Date Filed: 4/7/2023 9:32:00 AM

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

Due no later than: 04/30/2023

SOS Control Number: 35375

Filing Status: Active-Current

Limited Partnership (D)

Date Formed: 04/18/2012

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

DEAN AND SHIRLENE SCHWENDIMAN FAMILY LIMITED  
PARTNERSHIP (THE)  
PO BOX 57, *125 Lent Ave,*  
NEWDALE, ID 83436-0057

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

DEAN SCHWENDIMAN  
125 LENT AVE  
NEWDALE, ID 83436

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Partnership: Enter names and addresses of General Partners. Do NOT put 'same as last year' or 'same as above'. These not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Name	Business Address	City, State, Zip
<del>Dean Schwendiman</del>	<del>125 Lent Ave, PO Box 57</del>	<del>Newdale, Id. 83436</del>
Dean Schwendiman	125 Lent Ave.	Newdale, Id. 83436
Shirlene Schwendiman	125 Lent Ave.	Newdale, Id. 83436

(5) Signature:

*Dean Schwendiman*

(6) Date:

*Mar. 16, 2023*

(7) Type/Print Name:

*Dean Schwendiman*

(8) Title:

*Owner/Partner*

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

B0787-2357 04/07/2023 9:32 AM Received by Office of the Idaho Secretary of State