



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Return	comple	ted form	within	30	daysıtı
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Due no later than: 11/30/2021			Idal	Idaho Secretary of State			
		Attn: Annual Reports 450 North 4th Street					
Annual Report: No filin	a fee if received by	the due date		se, ID 83720		8 8/	
Amuai Report. No min	g ice ii ieceived by	the due date.	Pho	one: (208) 334-230	0	202	
SOS Control Number: 20467	Filing St	atus: Active-Current				H	
Limited Partnership (D)	Date Fo	rmed: 11/13/1996	For	mation Locale: II)	2	
Name and Mailing Address:		(1) Add or Cha	nge Mailing Address		43	
BROLLIER FAMILY LIMITED PA 1512 S CHRISWAY DR	RTNERSHIP					PM	
BOISE, ID 83706-3119							
						Rec	
Registered Agent (RA) and Reg	istered Office (RO)	Address: (2) Change RA	and/or RO Address:		- O	
VERNON EMMETT BROLLIER 1			. •			İVe	
1512 S CHRISWAY DR BOISE, ID 83706						Ď.	
DOIGE, ID 60766						Åq	
Note: Ti	ne Registered Office add	lress must be a physical	ldaho addres	ss (no postal box).		Ħ	
(3) New Registered Agent (RA)				, ,		82	
		agent is appointed in item (2	2) above, the n	ew agent must sign he	re to accept the a		
(4) Limited Partnership: Enter name not be accepted. Changes here will a	s and addresses of Ger not affect the entity mai	neral Partners. Do NOT ling address. If more sp	put 'same	as last year' or 'sa led, please add an	ime as above' attachment.	'. These 🙀 🛚	
Name				City, State, Zip			
BROILier LLC	1512	S. Chinsua	9 DC	Boise,	INako	8370)	
NECKON E. Brolli	er 1512	S. Chrisa	lay Dr	Boer	Theho	8370b	
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Verson &	Froller			•		cue	
(5) Signature:	lie.	(e)	Date:	mala 2/		(G	
1 5-	Ballina		o c	A Grasta	. E	- 	
(7) Type/Print Name: V. E.	Brollier	(8)	Title: Cox	euer-/	onage	9,0	
Instructions: Legibly complete the form	- n above. Sign and date thi	s form and return to the ad	dress provide	ed above.		nney	
						MC.	