



Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

Prm
Return completed form within 30 days to:

Due no later than: 02/28/2022 Annual Report: No filing fee if received by the due date.		Attn: Annual Reports 450 North 4th Street	A T / T T
		Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 13325	Filing Status: Active-Currer	nt	1
Limited Partnership (D)	Date Formed: 02/10/1992	Formation Locale: ID	1
Name and Mailing Address: BRECKENRIDGE FAMILY LIMITED PA PO BOX 685 PICABO, ID 83348-0685		(1) Add or Change Mailing Address:	
Registered Agent (RA) and Registere KATIE BRECKENRIDGE 062 PICABO DESERT RD PICABO, ID 83348	ed Office (RO) Address:	(2) Change RA and/or RO Address:	
(3) New Registered Agent (RA) Signal (4) Limited Partnership: Enter names and a	If a new agent is appointed in item addresses of General Partners. Do NC ect the entity mailing address. If more	al Idaho address (no postal box). (2) above, the new agent must sign here to accept the appointment OT put 'same as last year' or 'same as above'. These we space is needed, please add an attachment.	
Name	Business Address	City, State, Zip	_
KALIE BOECVENDIDGE ROBERT T. SAMGUENS	762 ROBERT ST.	Picabo, To. 83348	
(5) Signature Kathe Bunker	rudco	(6) Date: 1/14/23	
(5) Signature Kutter Bruther (7) Type/Print Name: KARIE BREEK	ENRIDGE	(8) Title: POSIDENT / PADITNED	

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