



## **Idaho Limited Partnership Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

Orm

Return completed form within 30 days to:

Idaho Secretary of State

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

| Annual Report: No filing fee if received by the due date.  |  |                  | Boise, ID 83720<br>Phone: (208) 334-2300                               |                                       |
|--|--|------------------|--|---------------------------------------|
| SOS Control Number: 27320  | Filing Status: Active-Currer   |                  | -  | 1                                     |
| Limited Partnership (D)  | Date Formed: 05/07/2001  | Fo               | mation Locale: ID  | ſ                                     |
| Name and Mailing Address:<br>SUSAN D. RAMMELL LIMITED PARTN<br>5690 N LOCUST GROVE RD<br>MERIDIAN, ID 83646-5274 |  | (1) Add or Cha   | ange Mailing Address:  | )<br>1<br>1                           |
| Registered Agent (RA) and Registere<br>SUSAN D RAMMELL<br>5690 N LOCUST GROVE RD<br>MERIDIAN, ID 83646           | ed Office (RO) Address:  | (2) Change R     | A and/or RO Address:   |                                       |
| (3) New Registered Agent (RA) Signa  | If a new agent is appointed in item  | n (2) above, the | new agent must sign here to accept the app                             |                                       |
| (4) Limited Partnership: Enter names and a not be accepted. Changes here will not affe                           | ect the entity mailing address. If more  | space is nee     | e as last year or "same as above". I<br>ded, please add an attachment. | nese will                             |
| Name   | Business Address   |                  | City, State, Zip   | , , , , , , , , , , , , , , , , , , , |
| Susan D. Rammell   | 5690 N. Locust Grove   | 156              | Meridian, ID 831   | 46                                    |
| Dale B. O'Brien  | 5690 N. Locust Grov  | e Rd             | meridian ID 83   | 646                                   |
| Lacey Rammell-O'Brien  | 5690 N. Locust Grove   | Rd.              | Meridian, FD 8   | 3646                                  |
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|  | Sa00   |                  | 111000   |                                       |
| (5) Signature:   | The state of the s | (6) Date: ()     | 4/25/2020  |                                       |
| (7) Type/Print Name: Susan D.  | Mammell.   | (8) Title:       | arther   |                                       |
| Instructions: I eailly complete the form shove   | Sign and date this form and return to the  | addraes provi    | ded above  | ţ                                     |

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