



Idaho Limited Partnership Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements

			450 North 4th S	•	
Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 8774	Filing Status: Inactive-D	issolved	·		
Limited Partnership (D)	Date Formed: 06/25/198	7 Forr	nation Locale: ID		
Name and Mailing Address: J & R ROBERTS LIMITED PARTNI 44 EAST 500 SOUTH BURLEY, ID 83318	ERSHIP	(1) Add or Chan	ge Mailing Address:		
Registered Agent (RA) and Regis JEFFERY C ROBERTS 44 EAST 500 SOUTH BURLEY, ID 83318	tered Office (RO) Address:	(2) Change RA	and/or RO Address:		
(3) New Registered Agent (RA) Si	If a new agent is appointed in	item (2) above, the ne	ow agent must sign here to acc	•	
(4) Limited Partnership: Enter names a not be accepted. Changes here will no	and addresses of General Partners. Do t affect the entity mailing address. If mo	NOT put 'same a ore space is need	as last year' or 'same as ed, please add an attach	above'. These will ment.	
Name	Business Address	siness Address (ty, State, Zip	
Jeff C. Roberts	44 E 500 S		Burley Idaho 8	33/8	
Joyce R. Roberts	44E 5005		Burley Idaho 8.	<i>33[8</i> '	
		*			
(5) Signature: Oll C. Rober	t	(6) Date: //	-16-19		
(5) Signature: Off C. Rober (7) Type/Print Name: Teff C. Ro	berts	(8) Title: Pari	-26-19 tuer		
Instructions: Legibly complete the form a					

Sign and date this form and return to the address provided above.