



# Idaho Limited Partnership Annual Report Form

File online at: [sosbiz.idaho.gov](http://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-**

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Due no later than: 02/28/2023

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

**SOS Control Number:** 13325

**Filing Status:** Active-Current

**Limited Partnership (D)**

**Date Formed:** 02/10/1992

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

BRECKENRIDGE FAMILY LIMITED PARTNERSHIP  
PO BOX 685  
PICABO, ID 83348-0685

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

(2) Change RA and/or RO Address:

KATIE BRECKENRIDGE  
062 PICABO DESERT RD  
PICABO, ID 83348

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 will 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
KATIE BRECKENRIDGE	7623 ROBERT ST.	PICABO, ID. 83348
ROBERT A. SHUMMERS	"	"

(5) Signature: *Katie Breckenridge*

(6) Date: 1/13/23

(7) Type/Print Name: KATIE BRECKENRIDGE

(8) Title: PRESIDENT / PARTNER

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

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