

Idaho Limited Partnership Annual Report Form

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Due no later than: 03/31/2025

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

Annual Report: N	o filing fee	if received	by the due date.
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SOS Control Number: 22646 Filing Status: Active-Current 22 Limited Partnership (D) Date Formed: 03/03/1998 Formation Locale: ID U Name and Mailing Address: (1) Add or Change Mailing Address: Ø SFT LIMITED PARTNERSHIP 26522 STAFFORD RD ∞ CALDWELL, ID 83607-8739 Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: Received M.C. STANLEY 26522 STAFFORD RD CALDWELL, ID 83607 (CANYON COUNTY) Note: The Registered Office address must be a physical Idaho address (no postal box). Λq (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 ø Н 5 Ø ø Ω ø æ Ø (5) Signature: (7) Type/Print Name: (8) Title: 457 H

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