



Idaho Limited Liability Partnership Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 05/31/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 17967

Filing Status: Inactive-Revoked (No Agent)

Reinstatement Entity (\$30 fee)

Limited Liability Partnership (D)

Date Formed: 05/30/2017

Formation Locale: ID

Name and Mailing Address:

HABIT LIMITED LIABILITY PARTNERSHIP (THE)

111 GULCH RD

GRANGEVILLE, ID 83530

(1) Add or Change Mailing Address:

The Habit

P.O. Box 331

Cott. Idaho 83522

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

NO AGENT

AGENT RESIGNED OR INVALID

BOISE, ID 83702 (ADA)

(2) Change RA and/or RO Address:

Lois Lamont

303 Main St.

Cottonwood, Idaho 83522

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: *Lois E. Lamont*

(4) Limited Liability Partnerships: Enter names and addresses of 2 or more 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
<i>Ryan Robert Uhlenkott</i>	<i>406 King Street</i>	<i>Cottonwood Idaho 83522</i>
<i>Heather Ann Uhlenkott</i>	<i>406 King Street</i>	<i>Cottonwood, Idaho 83522</i>

(5) Signature: *Lois E. Lamont*

(6) Date: *Oct. 26, 2018*

(7) Type/Print Name: *Lois E. Lamont*

(8) Title: *Bookkeeper*

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

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

B0027-3916 11/09/2018 2:07 PM Received by ID Secretary of State Lawrence Denney