



# Idaho Limited Liability 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-**

File #: 0006126817

Date Filed: 2/24/2025 2:23:00 PM

Due no later than: 03/31/2025

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

**SOS Control Number:** 3204  
Limited Liability Partnership (D)

**Filing Status:** Active-Existing  
**Date Formed:** 03/24/1999

**Formation Locale:** ID

**Name and Mailing Address:**

ELITE RIFLE WORKS LLP  
6045 DEER FLAT RD  
NAMPA, ID 83686-9449

(1) Add or Change Mailing Address:

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

JIM COMBE  
6045 DEER FLAT RD  
NAMPA, ID 83686

(2) Change RA and/or RO Address:

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 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
Jim Combe	6045 Deer Flat Rd.	Nampa Id 83686
Ray Combe	3275 E. Whitman Dr.	Boise Id 83716

(5) Signature:

(6) Date: 2/18/25

(7) Type/Print Name:

Jim Combe

(8) Title: Partner

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

EO 990-0285 02/24/2025 2:23 PM Received by Office of the Idaho Secretary of State