




1/15/2015

L 912

FILED

No. L 912	Reinstatement Annual Report Form ADMIN TERMINATED 07/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN SCHULDIES 2352 E. 400 N. ST ANTHONY ID 83445																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SCHULDIES DAIRY LIMITED PARTNERSHIP 2352 E. 400 N. ST. ANTHONY, ID 83445		3. <u>New</u> Registered Agent Signature.																						
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>BRIAN SCHULDIES</td> <td>2352 E. 400 N.</td> <td>ST. ANTHONY,</td> <td>ID</td> <td></td> <td>83445</td> </tr> <tr> <td></td> <td>DARRIS SCHULDIES</td> <td>446 N. 2400 E.</td> <td>ST. ANTHONY,</td> <td>ID</td> <td></td> <td>83445</td> </tr> </tbody> </table>					General Partners	Name	Street or PO Address	City	State	Country	Postal Code		BRIAN SCHULDIES	2352 E. 400 N.	ST. ANTHONY,	ID		83445		DARRIS SCHULDIES	446 N. 2400 E.	ST. ANTHONY,	ID		83445
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5. Organized Under the Laws of: IDAHO L 912		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 1-15-15</td> </tr> <tr> <td>Name (type or print): BRIAN SCHULDIES</td> <td>Title: GENERAL PARTNER</td> </tr> </table>			Signature: 	Date: 1-15-15	Name (type or print): BRIAN SCHULDIES	Title: GENERAL PARTNER																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of general partners. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited partnership. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____