


No. <b>L 4500</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Oct 31, 2018</b> <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SKABJL ENTERPRISES, A LIMITED PARTNERSHIP ROY L CHECKETTS 6570 NORTHWIND DR COLORADO SPRINGS CO 80918-4714	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> JEFF STOKER <i>For Office Use Only</i> 733 ADDISON AVE TWIN FALLS ID <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">-FILED-</div> File #: 0003305910 Date Filed: 10/1/2018 9:08:00 AM  <b>3. <u>New</u> Registered Agent Signature.</b>														
<b>4. Limited Partnerships: Enter Names and Business Addresses of general partners.</b>																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">General Partners</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">ROY L CHECKETTS</td> <td></td> <td>6570 NORTHWIND DR SPR</td> <td>CO</td> <td>CO</td> <td>USA</td> <td>80918</td> </tr> </tbody> </table>			General Partners	Name	Street or PO Address	City	State	Country	Postal Code	ROY L CHECKETTS		6570 NORTHWIND DR SPR	CO	CO	USA	80918
General Partners	Name	Street or PO Address	City	State	Country	Postal Code										
ROY L CHECKETTS		6570 NORTHWIND DR SPR	CO	CO	USA	80918										
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO L 4500</div>	<b>6.</b> Signature:  Name (type or print): <u>ROY L CHECKETTS</u> Date: <u>9/24/2018</u> Title: <u>MANAGING PARTNER</u>															

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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](http://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? \_\_\_\_\_

POSTMARK DATES WILL NOT BE ACCEPTED