

Idaho Limited Partnership Annual Report Form

File online at: sosbiz.idaho.gov

For Office Use Only



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: No filing fee if received by the due date.

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File #: 0004995434

Date Filed: 11/16/2022 9:50:00 AM

Due no later than: 12/31/2022

B0732-8720 11/16/2022

Received by

SOS Control Number: 28816	Filing Status:	Active-Current		
Limited Partnership (D)	Date Formed:	12/18/2002	Formation Locale: ID	
Name and Mailing Address:		(1) Add or Change Mailing Address:		
ANN M. SCOTT FAMILY LIMITED PA	RTNERSHIP			
409 W RESSEGUIE ST				

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

(2) Change RA and/or RO Address:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

T EILEEN SCOTT 409 W RESSEGUIE ST BOISE, ID 83702

(3) New Registered Agent (RA) Signature:

BOISE, ID 83702-4439

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

Name	Business Address	City, State, Zip
LEON F. SCOTI	2218 W STATE ST	Boise Id 83702
JEAN DEAS,	24039 27th DE S.E	BOTHERLL WA 98012
ALISON HEARON	3425 Armon	BOISE ID 83704
JOHN SCOTT	834 N. MERCIET	BOISE IN 33703
TELLERY Scott	409 W. RESSELLIE	BOISE ID 83702
WALTER H SCOTT	40 DEXFERS RD WHITTL	
	CAMI35	
	CB2 4ND	
	uK	

(5) Signature: Leave Loo	च्य (6) Date:	11-17-22
(7) Type/Print Name: ELLOW Se	(8) Title:	Cencial Partner

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