



Idaho Limited Partnership Annual Report Form

File online at: sos.idaho.gov

Return	completed	form	within	30	days	to

Due no later than: 06/3	Attn: Annual Reports 450 North 4th Street			
Annual Report: No filing fee	Boise, ID 83720 Phone: (208) 334-2300			
SOS Control Number: 18219	Filing Status: Active-Curre	nt		
Limited Partnership (D)	Date Formed: 06/12/1995	Formation Locale: ID		
Name and Mailing Address: CHATFIELD FAMILY LIMITED PART 934 LA CROSSE AVE COEUR D'ALENE, ID 83814	NERSHIP	(1) Add or Change Mailing Address:		
Registered Agent (RA) and Register HELEN M CHATFIELD 934 LA CROSSE AVE COEUR D'ALENE, ID 83814	ered Office (RO) Address:	(2) Change RA and/or RO Address:		
(3) New Registered Agent (RA) Sig (4) Limited Partnership: Enter names and	if a new agent is appointed in item	al Idaho address (no postal box). A CLASSE AVE CORTA 93 (2) bove, the new agent must sign here to accept the appointment. OT put 'same as last year' or 'same as above'. These will space is needed, please add an attachment.		
Name	Business Address	City, State, Zip		
Ray & Chatfield	24939 KILLARWE	COEURA' ALENE ID 8381		
Richard Chatfield	10611 N. STrahour	HATDEN Id 93835		
(5) Signature: Helen m Ah	sthield	(6) Date: 6/2/19		
(7) Type/Print Name: Helpay into	ChatCa Ll	(8) Title: Dags Lea & 1 Marther		
Instructions: Legibly complete the form abo	ove. Sign and date this form and return to the	e address provided above.		