



## Nort Form Return completed form within 30 days top Idaho Secretary of State **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Attn: Annual Reports 450 North 4th Street Boise. ID 83720 Annual Report: No filing fee if received by the due date. Phone: (208) 334-2300 SOS Control Number: 504226 Filing Status: Active-Existing Formation Locale: ID Date Formed: 05/05/2016 Limited Liability Company (D) (1) Add or Change Mailing Address: Name and Mailing Address: **AUTUMN WOOD COURT LLC** 1506 CEDAR AVE LEWISTON, ID 83501 Received (2) Change RA and/or RO Address: Registered Agent (RA) and Registered Office (RO) Address: DAVID E PRESNELL 1506 CEDAR AVE LEWISTON, ID 83501 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 Companies: Enter names and addresses of Managers OR Members. 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. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. ø Manager/Member City, State, Zip **Business Address** Mgr Mem resulle AM Mgr Mem ☐ Mgr ☐ Mem Mgr Mem Mgr Mem Mgr Mem Ø ☐ Mgr ☐ Mem Mgr Mem Mgr Mem Mgr Mem awer (5) Signature: (6) Date: (7) Type/Print Name: (8) Title:

Denney

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