



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005401587

Date Filed: 9/14/2023 10:15:00 AM

Due no later than: 09/30/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 174953

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/18/2006

Formation Locale: ID

Name and Mailing Address:

CSK PROPERTIES, LLC
368 W 170 N # A
BLACKFOOT, ID 83221-5612

(1) Add or Change Mailing Address:

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

ORAN AUSTIN
368 W 170 N # A
BLACKFOOT, ID 83221

(2) Change RA and/or RO Address:

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.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Oran P Austin	368w 170 N #A	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Oran P Austin

(6) Date:

9-12-23

(7) Type/Print Name:

Oran P Austin

(8) Title:

member

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

B0837-0667 09/14/2023 10:15 AM Received by Office of the Idaho Secretary of State