



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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 #: 0006163539

Date Filed: 3/17/2025 12:30:00 PM

Due no later than: 04/30/2025

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

SOS Control Number: 603310  
Limited Liability Company (D)

Filing Status: Active-Existing  
Date Formed: 04/09/2018

Formation Locale: ID

**Name and Mailing Address:**

771 FORWARD, LLC  
420 S BITTERROOT DR  
BOISE, ID 83709-0805

(1) Add or Change Mailing Address:

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

DOUGLAS MICHAEL PRESTON  
420 S BITTERROOT DR  
BOISE, ID 83709

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DOUGLAS MICHAEL PRESTON	420 S. BITTERROOT DR	BOI, ID. 83709
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DUANE AMYX	6184 W. HOLLILYNN DR	BOI ID. 83709
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAUL HUDSON	8694 W. HIGH RIDGE LN	EAGLE ID 83618
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ART STEVENS	218 12 <sup>TH</sup> AVE SQ	NAUDA ID 83655
<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:

*D. Michael Preston*

(6) Date:

3/12/25

(7) Type/Print Name:

*D. Michael Preston*

(8) Title:

PRESIDENT

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

BO9900-2161 03/17/2025 12:30 PM Received by Office of the Idaho Secretary of State