



Idaho Limited Liability Partnership Annual Report Form

File online at: sos.idaho.gov

Due no later than: 03/31/2020

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.

SOS Control Number: 4853

Filing Status: Active-Existing

Limited Liability Partnership (D)

Date Formed: 03/13/2001

Formation Locale: ID

Name and Mailing Address:

ALEXACON LLP

PO BOX 3127

KETCHUM, ID 83340-3121

(1) Add or Change Mailing Address:

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

LINDA D WOODCOCK

371 W RIVER ST UNIT 5

KETCHUM, ID 83340

(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 Partnerships: Enter names and addresses of 2 or more Partners. 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.

Name	Business Address	City, State, Zip
LINDA D. WOODCOCK, mgr.	P.O. Box 3127	Ketchum, Id. 83340
KIRSTEN H. IERAA	PO Box 3127	Ketchum, Id. 83340
LINDSEY A. WOODCOCK	PO Box 3127	Ketchum, Id. 83340

(5) Signature: Linda D. Woodcock

(6) Date: March 9, 2020

(7) Type/Print Name: LINDA D. WOODCOCK

(8) Title: manager for Alexacon LLP

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

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