

B0990-2920 Idaho Limited Liability Company Annual Report Form

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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-

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| Annua | Report: No filing fe | e if received | by the due da | ate. | | Due no later than: 04 | 1/30/202 |
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| SOS Control N | Filing | Status: Acti | ve-Existii | ng | | 202 | |
| Limited Liability Company (D) | | | Formed: 04/0 | 8/2002 | Formati | on Locale: ID | |
| Name and Mailing Address: (1) Add or Change Mailing Address: | | | | | | | و |
| JACK AND PATRICIA BROWN PROPERTIES, LLC | | | | | | | 2 |
| JACK C BROW | /N JR | | | | | | 00 |
| 525 POLK ST | | | | | | | AM |
| AMERICAN FA | LLS, ID 83211-1472 | | | | | | |
| Registered Ag | ent (RA) and Regist | ered Office (R | O) Address: | | (2) Change RA and | or RO Address: | <u>\</u> |
| JACK C BROW | , | | | | ω Q | | |
| JACK C BROW | /N JR | | | | | | ive |
| 525 POLK STR | REET | | | | | | õ |
| AMERICAN FA | LLS, ID 83211 | | | | | | ሷ |
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| | Note: The F | Registered Office | address must b | e a physic | al Idaho address (n | o postal box). | ~ |
| (3) New Regist | tered Agent (RA) Si | | | | | | 9 |
| | | If a i | new agent is appo | inted in iten | (2) above, the new a | gent must sign here to accept the | appointme r t |
| These will not be | accepted. Changes he | ames and addre ere will not affect | the entity maili | ng addres | embers. Do NOT ss. If more space | put 'same as last year' or 'sa s needed, please add an atta | me as ab p ve'. achment. n |
| Manager/Member | Name | _ | Business | | : | City, State, Zip | 0 |
| Mgr Mem Mgr Mem | Alyce K. | Brown | 525 P | olk ? | treet | Am. Falls 1D | 83217 |
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| Mgr Mem | | | | | | | - |
| | | 0 | | - | | | ä |
| (5) Signature: | Soch C | Bur | V | | (6) Date: 4 | -1-25 | ar |
| (7) Type/Print Name | e:) Jack (| 1. 12-601 | 0N /E | | (8) Title: Own | or 1 Mar | |
| | | | <u> ۱۰۰ ۵۱</u> | • | CWN | 1.12. | <u>о</u> њ |
| Instructions: Leg | ibly complete the form abo | ove. Sign and date | this form and re | turn to the | address provided ab | ove. | 70 |