

Idaho Limited Liability Company Annual Report Form

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For Office Use Only

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File #: 0006034079

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B0959-5010

State

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 Panart: No filing foo if received by the due date

| Annua | ar Report. No ming fee if received | a by the due date. | | Due no later than: 01/31/2025 | \sim |
|---|---|-------------------------------------|------------------------------------|---|--------------------|
| SOS Control Number: 252080 Limited Liability Company (D) | | ng Status: Active-Existin | - | | |
| Name and Mailing Address: | | | (1) Add or Change Mailing Address: | | } |
| | RSESHOE S RANCHES LLC | | (1) / lad of officing intermed | g / tuai 000. | 2 |
| PO BOX 685 PICABO, ID 8 | 2240 0605 | | | | 0 |
| FICABO, ID 6 | 3340-0003 | | | | PM |
| Registered A | gent (RA) and Registered Office | (RO) Address: | (2) Change RA and/or R0 | D Address: | ~ P |
| ROBERT STR 762 ROBERT | | | | | O. |
| | 3348 (BLAINE COUNTY) | | | | ived |
| | Note: The Registered Office | ce address must be a physica | al Idaho address (no po | stal box). | Λq |
| (3) New Regis | stered Agent (RA) Signature: | If a new agent is appointed in item | (2) above, the new agent i | must sign here to accept the appointment. | 유 |
| | lity Companies: Enter names and adde accepted. Changes here will not affe | | | | — ዜ ve'. ሥ ቢ |
| Manager/Member | Name | Business Address | | City, State, Zip | |
| ☐ Mgr ☒ Mem | ROBERT SARULITERS | P.O. Box 68 | 35 | PICABO, TO 83348 | Z Ă |
| ☐ Mgr ☑ Mem | KANHERINE BRIERKENRIE | NOT ! | · · | 1 | <u> </u> |
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| | _ | | | | |
| (5) Signature: 🧅 | Katic Breshing | e (| (6) Date: /2/18/ | 24 | a |
| (7) Type/Print Nan | ne: KALIE BRECKENDIA | V. 5 | (8) Title: 14.1±m2. | - 0 | —∹ |
| | VIII DECEMBELLA | wo . | (8) Title: MEMD | D 11 | <u> </u> |

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