

B0027-9411 01/14/2019 4:40 PM Received by ID Secretary of State Lawrence Denney



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83702
Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 403325

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/11/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

LITTLE MOUNTAIN LAND LIVESTOCK & DAIRY LLC
2068 S 2400 E
PRESTON, ID 83263

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

(2) Change RA and/or RO Address:

DANA REID PALMER
2068 S 2400 E
PRESTON, ID 83263

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(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 type="checkbox"/> Mem	Stephanie Palmer	2068 S 2400 E	Preston ID 83263
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Dana Palmer	2068 S 2400 E	Preston ID 83263
<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:

Dana Palmer

(6) Date:

1-14-19

(7) Type/Print Name:

Dana Palmer

(8) Title:

Owner

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.