

Idaho Limited Liability Company Annual Report Form

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For Office Use Only

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.

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|------------------------------|------------------------|---|------------------------------|---------------------------------------|------|
| imited Liability Company (D) | | Date Formed: 09/26/2006 | Formation Locale: ID | | |
| Name and Mai | lina Address: | (1 | 1) Add or Change Mailing Ad | dress: | |
| | VE ENTERPRISES #2, | LLC | | | |
| 536 W BOGUS | VIEW DR | | | | |
| EAGLE, ID 836 | 616-5872 | | | | |
| | | | | | |
| FRANKLIN L B | RAMON | ed Office (RO) Address: (4 | 2) Change RA and/or RO Ad | dress: | |
| 536 W BOGUS | | | | | |
| EAGLE, ID 836 | 010 | | | | |
| | | | | | |
| | Note: The Regi | stered Office address must be a physical | Idaho address (no postal | box). | |
| (2) Nove Domini | tarad Arant (DA) Cirra | A | | | |
| (3) New Regist | tered Agent (RA) Signa | If a new agent is appointed in item (| (2) ahove the new agent must | sign here to accept the appoints | ment |
| These will not be | accepted. Changes here | es and addresses of Managers OR Mer will not affect the entity mailing address Business Address | If more space is neede | d, please add an attachme | ent. |
| Mgr Mem | | BRAMON 1961 NO-L | | · · · · · · · · · · · · · · · · · · · | IP |
| Mgr Mem | NAPOLITIES DE | , , , , , , , , , , , , , , , , , , , | | THE KIDI FOR | |
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| | 1 00 0 | 1 | _ | | |
| (5) Signature: | touth La | Tromon 18 | 6) Date: 8-9- | 2023 | |
| (7) Type/Print Nam | EFRANKIN | L. BRAMON (| B) Title: OwnER | I MGR. | |
| | | | | 7 | |

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

, or state