



## **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 12/31/2019

Dort Form

Return completed form within 30 days to: Note that the second second

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 337706 Limited Liability Company (D)		Filing Status: Active-Existing Date Formed: 12/29/2011 Formation		n Locale: ID	
Name and Mail KB ONE INVES 8369 W BLOOM BOISE, ID 8370	ing Address: TMENTS LLC MFIELD DR		(1) Add or Change Ma	ailing Address:	1 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 ·
Registered Ago JIM BALL 8369 W BLOOM BOISE, ID 8370		ice (RO) Address:	(2) Change RA and/or	RO Address:	70 0 0 1
(4) Limited Liabilit	ered Agent (RA) Signature:	addresses of Managers OR	em (2) above, the new age	ent must sign here to accept the appointm ut 'same as last year' or 'same as a	above <b>z</b>
These will not be accepted. Changes here will not affect Manager/Member Name					
Mgr Mem	Name Rough Roos	Business Addres	s V	City, State, Zip	2100
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(5) Signature:	Vii Ball		(6) Date: 12 · 6	73-19	9
(7) Type/Print Name	J.M BALL		(8) Title: Mem	93-19 bec	
Instructions: Legi	bly complete the form above. Sign a	and date this form and return to the	e address provided abov	<b>/e</b> .	(1 -