



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

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-FILED-

File #: 0005264107

Date Filed: 6/3/2023 11:58:07 PM

| Entity Name and Mailing Address:   |   |                                       |       |                  |                 |         |                                       |
|--|---|---------------------------------------|-------|------------------|-----------------|---------|---------------------------------------|
| Entity Name:   | 1883 LLC  |                                       |       |                  |                 |         |                                       |
| The file number of this entity on the records of the Idaho Secretary of State is:  | 0003941442  |                                       |       |                  |                 |         |                                       |
| Address  | 508 CHRISTIE ST<br>TROY, ID 83871-9667  |                                       |       |                  |                 |         |                                       |
| Entity Details:  |   |                                       |       |                  |                 |         |                                       |
| Entity Status  | Active-Existing   |                                       |       |                  |                 |         |                                       |
| This entity is organized under the laws of:  | IDAHO   |                                       |       |                  |                 |         |                                       |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:  |   |                                       |       |                  |                 |         |                                       |
| The registered agent on record is:   |   |                                       |       |                  |                 |         |                                       |
| Registered Agent   | <p>Dana M Townsend<br/>Registered Agent<br/>Physical Address<br/>508 CHRISTIE STREET<br/>TROY, ID 83871<br/>Mailing Address<br/>508 CHRISTIE ST<br/>TROY, ID 83871-9667</p> |                                       |       |                  |                 |         |                                       |
| Limited Liability Company Managers and Members   |   |                                       |       |                  |                 |         |                                       |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Dana M Townsend</td> <td>Manager</td> <td>508 CHRISTIE STREET<br/>TROY, ID 83871</td> </tr> </tbody> </table> |   | Name                                  | Title | Business Address | Dana M Townsend | Manager | 508 CHRISTIE STREET<br>TROY, ID 83871 |
| Name   | Title   | Business Address                      |       |                  |                 |         |                                       |
| Dana M Townsend  | Manager   | 508 CHRISTIE STREET<br>TROY, ID 83871 |       |                  |                 |         |                                       |
| The annual report must be signed by an authorized signer of the entity.  |   |                                       |       |                  |                 |         |                                       |
| Job Title: manager   |   |                                       |       |                  |                 |         |                                       |
| <p><i>Dana M Townsend</i></p>  |   |                                       |       |                  |                 |         |                                       |
| Sign Here  | <i>06/03/2023</i>   |                                       |       |                  |                 |         |                                       |
| Date   |   |                                       |       |                  |                 |         |                                       |