



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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Due no later than: 05/31/2023

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

SOS Control Number: 553410

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/08/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

601 MAIN STREET, LLC
PO BOX 2431
KETCHUM, ID 83340-2400

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

(2) Change RA and/or RO Address:

ROBERT F SINCLAIR
371 RIVER STREET W # 6
KETCHUM, ID 83340

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

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as ab 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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	ROBERT F. SINCLAIR	PO Box 2431	KETCHUM ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			83340
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(5) Signature: RF Sinclair

(6) Date: 05/14/23

(7) Type/Print Name: ROBERT F. SINCLAIR

(8) Title: OWNER / mgr.

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

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