



Idaho Limited Liability Company Annual Report Form

Due on/Befor	e: SOSBIZ.idaho.gov e: 09/30/2018 Re fee if received by due date	Return completed form within 30 days to Idaho Secretary of State Attn: Annual Reports 700 West Jefferson, E205 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300		
SOS Control Number: 32	8393 Filing Statu	us: Active-Existing		
Limited Liability Company (D) Date Form	ed: 09/06/2011	Formation Lo	ocale: ID
Name and Mailing Address NORTH GARFIELD, LLC 1457 ALPOWA MOSCOW, ID 83843		(1) Ad	d or Change Mailing	Address:
(3) New Registered Agent	ote: The Registered Office addres	സ് ് ka ss must be a physical Idah	o address (no post	al box).
(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	Bu	siness Address		City, State, Zip
Mgr Mem		1457 ARPERT	tie Lyes	Moscia D 83843 Moscia D 83883
				
(5) Signature: Well Harrison (6) Date: October 4 7018				
(5) Signature: Webs Hanson (6) Date: Coton 4 7018 (7) Type/Print Name: SAUE HANSON (8) Title: Regentered agent - Coppet				

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.