



# Idaho Limited Liability Company Annual Report Form

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## 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-**

File #: 0005605105

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Due no later than: 03/31/2024

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

**SOS Control Number:** 190675

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 03/01/2007

**Formation Locale:** ID

### Name and Mailing Address:

WILDHORSE COULEE RANCH, LLC  
3751 N 1900 E  
FILER, ID 83328-5241

(1) Add or Change Mailing Address:

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

DONALD L WRIGHT  
3751 N 1900 E  
FILER, ID 83328

(2) Change RA and/or RO Address:

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 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	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DONALD L WRIGHT	3751 N 1900 EAST	FILER, ID 83328
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DENNIS C. WRIGHT	3751 NORTH 1900 EAST	FILER, ID 83328
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JULIE MARTINEZ	3751 NORTH 1900 EAST	FILER, ID 83328
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MONICA WRIGHT	3751 NORTH 1900 EAST	FILER, ID 83328
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Donald L Wright

(6) Date: FEB 13, 2024

(7) Type/Print Name: DONALD L. WRIGHT

(8) Title: manager

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

Don L. Wright

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