



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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-**

File #: 0006030567

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Due no later than: 12/31/2024

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

**SOS Control Number:** 5502463

**Filing Status:** Active-Existing

**Foreign Limited Liability Company**

**Date Formed:**

**Formation Locale:** WYOMING

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

JUNIPER HAWAII LLC  
JONETTA A. ELMORE  
700 PARK AVE  
WORLAND, WY 82401-3937

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

(2) Change RA and/or RO Address:

TOM KOLTES  
TOM KOLTES  
270 W. GEORGIA AVE. 100  
NAMPA, ID 83686

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	Jonetta A. Elmore	700 Park Ave.	Workland WY 82401
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Larry D. Leavlenworth	850 Hobson St	London WY 82420
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Shari L. Stamper	702 Park Ave.	Workland WY 82401
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Jonetta A. Elmore*

(6) Date:

12-10-24

(7) Type/Print Name:

Jonetta A. Elmore

(8) Title:

Manager

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

B0959-4574 12/18/2024 2:50 PM Received by Office of the Idaho Secretary of State