



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Idaho Secretary of State Due no later than: 08/31/2019 Attn: Annual Reports 450 North 4th Street Boise ID 83720

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Return completed form within 30 days to:

i Annua	l Report: No filina fee	if received by the due date.	50,00, 12	00120	(Naj
			Phone: (208) 334-2300	
SOS Control N	umber: 622786	Filing Status: Active-Exis	Filing Status: Active-Existing		IL II
Limited Liability Company (D)		Date Formed: 08/16/2018	Formation	Formation Locale: ID	
Name and Mai	ling Address:		(1) Add or Change M	lailing Address:	
RED - BARB R	_				Til.
425 W GOODE	NOUGH RD				green Van
MCCAMMON,	ID 83250				10 10 10 10 10 10 10 10 10 10 10 10 10 1
Registered Ag	ent (RA) and Register	ed Office (RO) Address:	(2) Change RA and/o	or RO Address:	e tour
BARBARA GU	THRIE				To the state of th
425 W GOODE	NOUGH RD				
MCCAMMON,	ID 83250				ľ
					and the second
	Note: The Rec	istered Office address must be a phys	ical Idaho address (no	o nostal box).	la B
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(3) New Regist	tered Agent (RA) Sign			,	
		it a new agent is appointed in it	em (2) above, the new ag	jent must sign here to accept the appor	nment.
		nes and addresses of Managers OR			
		will not affect the entity mailing addr			nent.
Manager/Member	Name	Business Addres	s	City, State, Zip	
Mgr Mem	Ranpard	Guthre 4251	u Gooden	adop ~	
Mgr Mem				A Wijawwa	
Mgr Mem				11 83	320
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MgrMem					
(5) Signature:	Barbaro	I alhue	(6) Date:	7-24-19	
(7) Type/Print Nam	· Barba	ra Guthria	(8) Title: MQV	naging/Me	mbe
Instructions: Lea	ibly complete the form above	Sign and date this form and return to the	e address provided abo		•