



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

Due no later than: 09/30/2023

SOS Control Number: 435050

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/30/2014

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

CROSSROADS CONVENIENCE STORE, LLC
PO BOX 351
DEARY, ID 83823-0351

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

(2) Change RA and/or RO Address:

BRUCE BAUMGARTNER
700 2ND AVE
DEARY, ID 83823

Janice Baumgartner
700 Second Ave.
Deary, Id, 83823

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

(3) New Registered Agent (RA) Signature:

Janice Baumgartner

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	<i>Janice Baumgartner</i>	<i>700 2nd Ave</i>	<i>Deary, Id, 83823</i>
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	<i>Robin Baumgartner</i>	<i>700 2nd Ave.</i>	<i>Deary, Id. 83823</i>
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(5) Signature:

Janice Baumgartner

(6) Date:

8-15-23

(7) Type/Print Name:

Janice Baumgartner

(8) Title:

Manager

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

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