



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 08/31/2019

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

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

SOS Control Number: 391242

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/02/2013

Formation Locale: ID

Name and Mailing Address:

BERKSHIRE WEST LLC
PO BOX 50804
IDAHO FALLS, ID 83405

*change mailing to:
→

(1) Add or Change Mailing Address:

3350 April Dr
Idaho Falls, ID
83402

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

ANNE B DETRICK
3350 APRIL DR
IDAHO FALLS, ID 83402

(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	Anne Detrick	3350 April Dr	Idaho Falls, ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	(sole proprietor)		83402
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Anne Detrick*

(6) Date: 10-25-2019

(7) Type/Print Name: *Anne Detrick*

(8) Title: *manager/sole proprietor*

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

B0373-3898 10/31/2019 9:01 AM Received by ID Secretary of State Lawrence Denney