



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 08/31/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 568366

Filing Status: Inactive-Dissolved  
(Administrative)

☐ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 08/24/2017

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

DODSON MILLER, LLC  
PO BOX 237  
ASHTON, ID 83434

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

(2) Change RA and/or RO Address:

LINDA P MILLER  
3716 MCUFFEY LN  
ASHTON, ID 83434

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

## (3) New Registered Agent (RA) Signature:

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	William L. Dodson	304 MAIN STREET	REFUS, ORE 97050
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Linda Miller	3716 Mcuffey LN.	ASHTON IDAHO 83434
<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: William L. Dodson

(6) Date: 21 Dec. 2018

(7) Type/Print Name: William L. Dodson

(8) Title: MEMBER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0027-8109 12/26/2018 1:26 PM Received by ID Secretary of State Lawrence Denney