



	Idaho Limited Liability Company Annual Report Form			
	File online at: SOSBIZ.idaho.gov		Return completed form within 30 days to	
OF STATE	Due on/Before: 12/31/2018	Reporting Year: 2018	Idaho Secretary of State Attn: Annual Reports	<b>_</b>
Annual Report: No filing fee if received by due date.  450 North 4th Street Boise, ID 83702				7
If reinstatem	nent is required, the reinstatem	nent fee is \$30.00.	Phone: (208) 334-2300	12
SOS Control	Number: 117749	Filing Status: Active-Existing		2
Limited Liabili	ty Company (D)	Date Formed: 12/09/2004	Formation Locale: ID	
Name and M	ailing Address:	(1) A	dd or Change Mailing Address:	
CAVENER FA				2
2202 ESTATI				4 4
INAMIFA, ID	33000			AM
Registered A	gent (RA) and Registered O	ffice (PO) Address: (2) C	hange RA and/or RO Address:	
ALAN CAVEN		mice (NO) Address.	I loo o C Cours	Reo eo
ALAN CAVENER  2202 ESTATES DR.  NAMPA, ID 83686  DO-Lynne Cavenor  2202 EStatas Dr  Nampa, ID 83686				Ω O
NAMPA, ID 8	33686	Non	a Estatas Dr	ïVed
		IACLE	40, ID 83684	e D
	Note: The Registere	ed Office address must be a physical Ida	aho address (no postal box).	Λq
(3) New Regi	stered Agent (RA) Signature	: Molyme Chien	$\checkmark$	ζ.
(4) Limited Liab These will not b	oility Companies: Enter names ar de accepted. Changes here will n	nd addresses of Managers OR Member not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'same more space is needed, please add an attach	as above
Manager/Membe	Name	Business Address	City, State, Zip	— ფ
Mgr ☐ Mem	20, 741116 -WA	nor 2202 Estatas D.	Nampa To 836	86 1
Mgr Mem	****			
Mgr Mem	·			<u> </u>
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Mgr Mem				Hh
∐Mgr ∐Mem				<u> </u>
(5) Signature:	Johnne Ca	Jenor (6) De	ate: 12/6/2018	<b>4</b>
(7) Type/Print Na	me: Noushee	avery (8) Ti	tle: 12/6/2018	D.
			Secretary of State for \$30 if reinstating.	Lawerence
Sign and date th	is form and return to the address pro	vided above.		0
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