





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0006177217

Date Filed: 3/29/2025 5:34:27 PM

| Entity Name and Mailing Address:  |                   |   |             |
|---|-------------------|---|-------------|
| Entity Name:  |                   | Fableroast LLC                                    |             |
| The file number of this entity on the records of the Idaho Secretary of State is:         |                   | 0005550496  |             |
| Address   |                   | 504 MAIN ST<br>STE 126<br>LEWISTON, ID 83501-1846 |             |
| Entity Details:   |                   |   |             |
| Entity Status   |                   | Active-Existing                                   |             |
| This entity is organized under the laws of:   |                   | IDAHO   |             |
| If applicable, the old file number of this e  |                   |   |             |
| the Idaho Secretary of State was:   | on the receive of |   |             |
| The registered agent on record is:  |                   |   |             |
| Registered Agent  |                   | Ellisa Dilling<br>Registered Agent                |             |
|   |                   | Physical Address                                  |             |
|   |                   | 710 MAIN ST                                       |             |
|   |                   | LEWISTON, ID 83501 Mailing Address                |             |
|   |                   | 710 MAIN ST                                       |             |
|   |                   | LEWISTON, ID 83501-1836                           |             |
| Agent or Address Change   |                   |   |             |
| Select if you are appointing a new agent.   |                   |   |             |
| Limited Liability Company Managers and Members  |                   |   |             |
| Name  | Title             | Busine  | ess Address |
| ■ Ellisa Dilling  | Manager           | 504 MAIN ST<br>126<br>LEWISTON, ID 83501          |             |
|   |                   | •   |             |
| The annual report must be signed by an authorized signer of the entity.  Job Title: Owner |                   |   |             |
| JOD TILE. OWIIEI  |                   |   |             |
|   |                   |   | 00/00/0005  |
| Ellisa M Dilling  |                   |   | 03/29/2025  |
| Sign Here   |                   |   | Date        |