



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Dort Form

Return completed form within 30 days to the light Secretary of State

Idaho Secretary of State

Due no later than: 03/31/2021  Annual Report: No filing fee if received by the due date.					Attn: Annual Reports 450 North 4th Street		
					Boise, ID 83720 Phone: (208) 334-2300		ά.
SOS Control N	umber: 10141	5 Filing	Status: Act	ive-Existing			
Limited Liability	Company (D)	Date	Date Formed: 03/24/2004 Formation Locale: ID			ŭ	
Name and Mai HOPE CIRCLE PO BOX 1 HOPE, ID 838	, LLC		(1) Add or Change Mailing Address:				
Registered Ag KALLY THURM 620 WELLING HOPE, ID 838	TON PL 7	Registered Office (R	* *5	nail:	Kally T P.o. I HOPE	turman , ID 83836	AM Received by
These will not be	ty Companies: I	# a	sses of Mana	gers OR Membe ling address. If	ers. Do NOT put 's	ame as last year' or 'same	as abov <b>ē</b>
Manager/Member	Name	A	Business	Address	11 77/	City, State, Zip	7
	Kally	THURMAN	620	Wellen	HonPlace	Hope, 10	2333
Mgr Mem	VAMES	E NUMAN				**	<del>5</del>
Mgr Mem			1				
Mgr Mem							———
Mgr Mem						·	
Mgr Mem					•		<del>7</del>
Mgr Mem							Ď,
Mgr Mem							
Mgr Mem							
☐Mgr ☐Mem							<u>o</u>
(5) Signature:	Kal	ly Hours	um	(6) D	ate: 6 MM	120Z/	<u> </u>
(7) Type/Print Nam	e: <b>K</b> G//	Hurn	nan 1211	(8) Ti	itle: Mana	42021	
						<b>y</b>	•