

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

For Office Use Only



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.

-FILED-

File #: 0005568774

Date Filed: 1/22/2024 2:28:00 PM

Due no later than: 02/28/2024

B0876-0013 01/22

SOS Control N Limited Liability	umber: 374123 Company (D)	Filing Status: Active-Existing Date Formed: 02/12/2013	Formation Lo	ocale: ID	7
Name and Mail TRIANGLE E P 1100 ROBIN LN EMMETT, ID 8	ROPERTIES, LLC N	(1) Ac	dd or Change Mailing	g Address:	
	3617	ice (RO) Address: (2) Cl Office address must be a physical Ida	hange RA and/or RO		7000 E
(3) New Regist	ered Agent (RA) Signature:	If a new agent is appointed in item (2) a	bove, the new agent m	oust sign here to accept the appointment	
(4) Limited Liabilit These will not be	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Membe affect the entity mailing address. If	ers. Do NOT put 's more space is nee	ame as last year' or 'same as abo ded, please add an attachment.	ove'. (
Manager/Member	Name	Business Address		City, State, Zip	
Mgr Mem	Florence Ellen	Ethington 1100 Robinhas		Emnett ID 836/1	
Mgr ☑Mem	Scott Ethington	119 Do hower	-Bluff Rd	Emmet 1083617	
☐ Mgr ☐ Mem ☐ Mgr ☐ Mem					
☐Mgr ☐Mem					┵
☐Mgr ☐Mem					- •
MgrMem			-		
Mgr Mem					— C
☐ Mgr ☐ Mem					
Mgr Mem					
Mgr Mem					\Box
(5) Signature:	Florence Ellew E	thing ton (6) Da	ate: 1-16-24		ءَ ۾
(7) Type/Print Name	: Florence FII e	en Ethington (8) Tit	le: Preside	rt/Marager	— <u>`</u> ç
Instructions: Legi	ibly complete the form above. Sign a	nd date this form and return to the addre	ss provided above.	•	H