



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2020

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.

SOS Control Number: 210243

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/07/2007

Formation Locale: ID

Name and Mailing Address:

4911 AD, LLC

PO BOX 323

SUN VALLEY, ID 83353-0323

(1) Add or Change Mailing Address:

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

BARBARA AMICK

121 IRENE ST

KETCHUM, ID 83340

(2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | BARBARA AMICK | Box 323 | SUN VALLEY ID 83353 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | CAROL DANDANO | Box 739 | SUN VALLEY ID 83353 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | JOHN DANDANO | Box 739 | SUN VALLEY ID 83353 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | TRAVIS AMICK | Box 323 | SUN VALLEY ID 83353 |
| <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 | | | |
| <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:

Barbara Amick

(6) Date:

8/24/20

(7) Type/Print Name:

BARBARA AMICK

(8) Title:

PRESIDENT/OWNER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0520-8926 08/27/2020 2:42 PM Received by ID Secretary of State Lawrence Denney