

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

File online at: sosbiz.idaho.gov

## Return completed form within 30 days to:

Annual Report: No filing fee if received by the due date.

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

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Date Filed: 9/6/2022 11:17:00 AM

Due no later than: 09/30/2022

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SOS Control Number: 269554		Filing Status: Active-Exi	sting		2 2
Limited Liability Company (D)		Date Formed: 09/01/200	9 Formation	Locale: ID	N
Name and Mailing Address:		(1) Add or Change Mailing Address:			<u>-</u> -
HARRY CAREY, LLC			Same		
523 W EDWARDS AVE			Sinc		<u> </u>
NAMPA, ID 83686-2857					
					AM
Registered Ag	ent (RA) and Registered C	office (RO) Address:	(2) Change RA and/or F	RO Address:	77 0
CAREY LYTLE			a.t		
523 W EDWARDS AVE			Noe		
NAMPA, ID 83	686				eived
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	Note: The Register	ed Office address must be a phy	sical Idaho address (no p	eostal box).	Λq
(2) Now Domini					~
(3) New Regist	tered Agent (RA) Signatur		item (2) ahove the new agen	t must sign here to accept the appointm	nent.
(4) 1 ::	· · · · · · · · · · · · · · · · · · ·				
These will not be	ity Companies: Enter names a accepted. Changes here will i	nd addresses of Managers OR not affect the entity mailing add	Members. Do NOT put	: 'same as last year' or 'same as a needed, please add an attachmen	abov <b>ē</b> 7i nt 10i
Manager/Member	Name	Business Addre	<del></del>	City, State, Zip	<u> 6</u>
Mgr Mem	13 /		wards Ave		<del></del>
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(5) Signature:	2 211		(O) D ( * O ( O O		Ō
(5) Signature.	- Co fift		(6) Date: 9-1-22		
(7) Type/Print Name	e: Care Lill	-	(8) Title:		7
			- <del>Myn</del>		<u> በ</u>
Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.					н