

## Idaho Limited Liability Company Annual Report Form

## 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

-FILED-

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Annual Report: No filing fee if received by the due date.					Due no later than: 09/30/202			
SOS Control Number: 627088 Limited Liability Company (D)			Status: Active-Exis	_	Formation Locale: ID		2024	
Name and Mai E & L RENTAL 1245 CAMPBE GENESEE, ID	S, LLC LL LOOP			(1) Add or C	thange Mailin	g Address:	3:11 PM	
LORECA J STA 1245 CAMPBE GENESEE, ID	LL LOOP 83832 Note: The Regist	ered Office	O) Address: address must be a phys		RA and/or RO		Received by	
(4) Limited Liabili	ty Companies: Enter names accepted. Changes here wi	If a and addre		Members. D	o NOT put 's	ame as last year' o	or 'same as ab <mark>d</mark> ve'	
Manager/Member	Name		Business Addres	ss		City, State, Zip		
Mgr Mem	LONG -	ther 	1245 Camp	sb4// k	oop	Genesee	D 8338 the Idaho Secret	
(5) Signature:	Kaufer,			(6) Date:	15 Oct	ober 2014 r-Owner	t arry	
(7) Type/Print Nam	ibly complete the form above.	TAUB	•	·		r- Uwner	, О Н	