



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 08/31/2020

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: 268665

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/20/2009

Formation Locale: ID

**Name and Mailing Address:**

EARLEY FARM, LLC

639 EARLEY RD

OVID, ID 83254-4918

(1) Add or Change Mailing Address:

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

MYRON A EARLEY

639 EARLEY RD

OVID, ID 83254

(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	Myron A Earley	139 Earley Road	Ovid, Idaho 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Watkins Family Trust	1764 Independence Blvd	Salt Lake City, UT 84116
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Greene Roberts	Box 522	Grace, Idaho 83241
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Karen Rae Webb	Box 136	Paris, Idaho 83261
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Myron A. Earley*

(6) Date:

*08-31-2020*

(7) Type/Print Name:

*Myron A. Earley*

(8) Title:

*Manager*

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

B0538-0186 09/04/2020 10:54 AM Received by ID Secretary of State Lawrence Denney