



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2021

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: 605880

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/20/2018

Formation Locale: ID

Name and Mailing Address:

CLASSIQUE APARTMENTS, LLC (THE)

PO BOX 371

HAGERMAN, ID 83332-0371

(1) Add or Change Mailing Address:

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

LYNNE D BEUTLER

221 N ST W

HAGERMAN, ID 83332

(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	<i>Lynne D Beutler</i>	<i>4809th B / 480 1/2 apt C</i>	<i>Hagerman Idaho</i>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<i>So State St</i>	<i>83332-0371</i>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<i>570 2nd Ave N apt D</i>	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<i>PO Box 371</i>	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<i>Hagerman</i>	
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Lynne D Beutler

(6) Date:

4-5-2021

(7) Type/Print Name:

Lynne D. Beutler

(8) Title:

Owner

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

B0594-3607 04/15/2021 9:42 AM Received by ID Secretary of State Lawrence Denney