



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Return completed form within 30 days of:

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: 233925

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/22/2008

Formation Locale: ID

Name and Mailing Address:

RANCH HAND TRAIL STOP, LLC

PO BOX 5558

TWIN FALLS, ID 83303

(1) Add or Change Mailing Address:

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

MICHAEL F HUNZEKER

23200 HWY 30 N

MONTPELIER, 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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Michael F. Hunzeker	23200 N. Hwy 30 N	Montpelier, ID 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Linda S. Hunzeker	23200 NO. HWY 30	MONTPELIER, ID 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	GREG MORSE	23200 NO. HWY 30	MONTPELIER, ID 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kirstin Morse	23200 NO HWY 30	MONTPELIER, ID 83254
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kate Wuthrich	23200 NO HWY 30	MONTPELIER, ID 83254
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Danette Wuthrich	23200 NO. HWY 30	MONTPELIER, ID 83254
<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:

Michael F. Hunzeker

(6) Date:

5-16-19

(7) Type/Print Name:

Michael F. Hunzeker

(8) Title:

Member

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

B0243-3325 05/20/2019 8:44 AM Received by ID State Lawrence Denney