



# Idaho Limited Liability Company Annual Report Form

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



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

For Office Use Only

**-FILED-**

File #: 0005831433

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Due no later than: 07/31/2024

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

**SOS Control Number:** 561320

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 07/05/2017

**Formation Locale:** ID

**Name and Mailing Address:**

BRUCE FAMILY PROPERTIES, LLC

PO BOX 103

PECK, ID 83545-0103

(1) Add or Change Mailing Address:

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

THERON K BRUCE

405 N PINE ST

PECK, ID 83545

(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	THERON K BRUCE	PO BOX 103 - 405 PINE ST	PECK, ID 83545
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JAREL S BRUCE	17716 DANFORTH RD	ODD FINE, ID 83544
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Theron K Bruce*

(6) Date:

07-20-2024

(7) Type/Print Name:

THERON K BRUCE

(8) Title:

RA - TITLE HOLDER / MGR

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

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