



Idaho Limited Liability Company Annual Report Form

File online at: 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 #: 0006061572

Date Filed: 1/10/2025 11:28:00 AM

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

SOS Control Number: 441076

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/01/2014

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ONE LUCKY LADY, LLC

4515 J M LOOP W

ISLAND PARK, ID 83429-5127

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

(2) Change RA and/or RO Address:

JOYCE C JOHNSON

4515 J M LOOP W

ISLAND PARK, ID 83429

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	Larry Johnson	4515 J M Loop W	Island Park, ID 83429
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kyrette Dawcoes	P.O. Box 659	Brownsville, Maine 04014
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jana Wixom	4627 Victorview Ave.	Idaho Falls, ID 83404
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Myra Stultz	886 Westwood Heights	Sandpoint ID 83860
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jason Johnson	2620 West 49th St	Idaho Falls ID 83402
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Larry O. Johnson

(6) Date:

Jan. 4, 2025

(7) Type/Print Name:

Larry O. Johnson

(8) Title:

Mgr

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

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