



# Idaho Limited Liability Company Annual Report Form

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

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Due no later than: 05/31/2025

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

**SOS Control Number:** 383281

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 05/08/2013

**Formation Locale:** ID

### Name and Mailing Address:

A&E FAMILY L.L.C. (THE)  
2609 N GALVAN DR  
POST FALLS, ID 83854-6922

(1) Add or Change Mailing Address:

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

ANNE ASHBURN  
117 THISTLEDO LN  
COOLIN, ID 83821

(2) Change RA and/or RO Address:

Anne Ashburn  
2609 N. Galvan Dr  
Post Falls, ID 83854-6922

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	Anne Ashburn	117 Thistlede Lane	Coolin, ID 83821
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Eleanor Jones	117 Thistlede Lane	Coolin, ID 83821
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(5) Signature:

Anne E. Ashburn

(6) Date:

05/07/25

(7) Type/Print Name:

Anne E. Ashburn

(8) Title:

Mgr

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

B09900-7120 05/12/2025 3:30 PM Received by Office of the Idaho Secretary of State