



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2022

Port Form
Return completed form within 30 days to: 07 Idaho Secretary of State
Attn: Annual Reports

Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.			Boise, ID 83720 Phone: (208) 334-2300	18
_		iling Status: Active-Existing ate Formed: 01/31/2019	Formation Locale: ID	2
Name and Mai LabCzar LLC ARTHUR COD PO BOX 1447	ling Address:		Add or Change Mailing Address:	2 1:21 E
Registered Ag ARTHUR COD 587 DISTRICT		e (RO) Address: (2)	Change RA and/or RO Address:	PM Received
(4) Limited Liabili	tered Agent (RA) Signature: ty Companies: Enter names and ac	ddresses of Managers OR Memb	above, the new agent must sign here to accepters. Do NOT put 'same as last year'	or 'same as above
Manager/Member	Name	Business Address	City, State, Zi	
Mgr Mem	Arthu Coddington Valene Coddaington	Po Box 144  DN Po Box 144	7 Bonners F	Perry , 10 8384 Perry , 11 8384 Perry , 11 8384 Perry , 10 8384 Perry , 10 8384 Perry , 10 8384 Perry , 10 8384
(7) Type/Print Nam	· Arthur B. Coddi	<del></del>	Date: 10 JAN 202.	Mar no
Instructions: Lea	ibly complete the form above. Sign and	J	/	<del>)                                    </del>