



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 02/28/2019

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 189587

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/20/2007

Formation Locale: ID

Name and Mailing Address:

LOYOLA BEACH, LLC

24174 N WENDLER

RATHDRUM, ID 83858

(1) Add or Change Mailing Address:

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

LINDA REED

24174 N WENDLER

RATHDRUM, ID 83858

(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:

(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	Richard Reed	24174 N. Wendler	Rathdrum, Id 83858
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Linda Reed	24174 N Wendler	Rathdrum, Id 83858
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Chad Reed	143 Lois Lane	Holly Springs, NC 2754
<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:

Richard A Reed

(6) Date:

2/8/19

(7) Type/Print Name:

RICHARD A REED

(8) Title:

Manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0079-6657 02/15/2019 9:10 AM Received by ID Secretary of State Lawrence Denney