



# Idaho Limited Liability Company Annual Report Form

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

SOS Control Number: 156333

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/06/2006

Formation Locale: ID

**Name and Mailing Address:**

DITTMAN FAMILY LLC  
87541 HIGHWAY 3 N  
ST MARIES, ID 83861-9456

(1) Add or Change Mailing Address:

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

MARY K DITTMAN  
87541 HIGHWAY 3 N  
ST MARIES, ID 83861

(2) Change RA and/or RO Address:

Sidnee Dittman  
87541 Hwy 3 N.  
St. Maries, ID 83861

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*Sidnee Dittman*

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	Stacy Dittman	124 N. Grand Ave.	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Shaklyn Johnston	622 Garden Tracts R2.	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sandra McHarril	11347 E. Ogden R2.	Harrison, ID 83833
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sidnee Dittman	87541 Hwy 3 N.	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Paul Dittman	87401 Hwy 3 N.	St. Maries, ID 83861
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Sidnee Dittman*

(6) Date:

3-31-25

(7) Type/Print Name:

Sidnee Dittman

(8) Title:

Reg Agent / Mgr.

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

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