



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2020

ນ ເກີວ ເກີວ ພຸດ nual Report Form Return completed form within 30 days to: ປ Idaho Secretary of State

Idaho Secretary of Sta Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.		Boise, ID 83	Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 273963	Filing Status: Active-Exist	_		
Limited Liability Company (D)	Date Formed: 11/04/2009	Formation I	Locale: ID	
Name and Mailing Address: C.I.P. LLC		(1) Add or Change Maili	ng Address:	
1910 E RAILROAD ST				
NAMPA, ID 83687-4482			;	
Registered Agent (RA) and Registered Agent (RA) and Register. F.A. COMTE 908 W LOCUST LN	stered Office (RO) Address:	(2) Change RA and/or R	O Address:	
NAMPA, ID 83686				
Note: The	Registered Office address must be a physi	cal Idaho address (no po	ostal box).	
(3) New Registered Agent (RA) S		om (2) above the new agent	must sign here to accept the appointment.	
These will not be accepted. Changes	names and addresses of Managers OR Mere will not affect the entity mailing addresses	Members. Do NOT put ess. If more space is ne	'same as last year' or 'same as above eeded, please add an attachment.	
Manager/Member Name	Business Address		City, State, Zip	
Mgr Mem F.A. Con	te 1910 E. Kail	road St.	Nampa Id. 83687.448	
Mgr Mem Mgr Mem				
Mgr Mem				
Mgr Mem			-	
Mgr Mem				
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☐ Mgr ☐ Mem				
Mgr Mem				
Mgr Mem				
Mgr Mem		-		
(5) Signature:	I Sint of	(6) Date: //	1/20	
(7) Type/Print Name:	Comte		/	

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

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