



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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: 06/30/2023

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

**SOS Control Number:** 202607

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 06/19/2007

**Formation Locale:** ID

### Name and Mailing Address:

(1) Add or Change Mailing Address:

IDAHO DIVERSIFIED INVESTMENTS, LLC  
1222 S LAKE POINTE WAY  
EAGLE, ID 83616-7125

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

(2) Change RA and/or RO Address:

COMER BROWN  
1222 S LAKE POINTE WAY  
EAGLE, ID 83616

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 | Comer Brown | 1222 S. Lake Pointe Way | Eagle, ID 83616  |
| <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            |             |                         |                  |
| <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:

Comer Brown

(6) Date:

06/14/23

(7) Type/Print Name:

Comer Brown

(8) Title:

Managing Member

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

B0788-6252 06/20/2023 1:20 PM Received by Office of the Idaho Secretary of State