



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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-**  
File #: 0006116082  
Date Filed: 2/21/2025 10:15:00 AM  
Due no later than: 03/31/2025

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

**SOS Control Number:** 495534

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 03/04/2016

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

KJL FARM, LLC  
268 IRON HORSE LN  
CHALLIS, ID 83226-4965

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

(2) Change RA and/or RO Address:

KEITH D LEWIS  
268 IRON HORSE LN  
CHALLIS, ID 83226

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	Keith D. Lewis	268 Iron Horse Lane	Challis ID 83226
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Juanna Beth Lewis	268 Iron Horse Lane	Challis ID 83226
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Karwen J. Young	55 Keyes Lane	Challis ID 83226
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Juanna Beth Lewis*

(6) Date:

2-15-2025

(7) Type/Print Name:

JUANNA BETH LEWIS

(8) Title:

MANAGER

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

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