



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2020

Dort Form

Return completed form within 30 days to: 10 days to: 00 days to: 00

Idaho Secretary of State

2	700 110 later than. 1270 172020		Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
Annual	Report: No filing fee if rec	1		
SOS Control N	umber: 219094	Filing Status: Active-Exis	sting	
Limited Liability Company (D)		Date Formed: 12/13/2007	7 Formation L	ocale: ID
Name and Mail PETERSEN RA PO BOX 226 DOWNEY, ID 8	NCH MANAGEMENT, LLC		(1) Add or Change Mailin	g Address:
DAVID P PETE	AD HWY MILE POST 2	fice (RO) Address:	(2) Change RA and/or Re	O Address:
	Note: The Registere	d Office address must be a phys	sical Idaho address (no po	stal box).
(3) New Regist	ered Agent (RA) Signature		(must sign here to accept the appointment.
(4) Limited Liabili These will not be Manager/Member	accepted. Changes here will no	d addresses of Managers OR	Members. Do NOT put 'ress. If more space is ne	same as last year' or 'same as above' eded, please add an attachment.
Mgr Mem	Name			City, State, Zip
Mgr Mem	DAVIC PRIER		MAJACI HIJAMA	1 DOWNEY ED 8505
Mgr Mem	DAVICE JR PETER		mai. I di	17 WE +0 8220
Mgr Mem	DAVICE JA, JEVAN	312N 13 3121	THA A Hisham	Den Nay 12 3345
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(5) Signature: £	David Pet	<u></u>	(6) Date: 12/0	5-/20
(7) Type/Print Name	David PETE	RCEIV	(8) Title: MAW	5-/20 40 KR
Instructions: Leg	ibly complete the form above. Sign	and date this form and return to t		