



# 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 #: 0005039121

Date Filed: 12/22/2022 12:24:00 PM

Due no later than: 12/31/2022

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

SOS Control Number: 4558060

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/29/2021

Formation Locale: ID

**Name and Mailing Address:**

Red Fox Collective Virtual Services, LLC  
1932 N RUBINE LN  
KUNA, ID 83634

(1) Add or Change Mailing Address:

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

ERIN CHANDLER  
1932 N RUBINE LN  
KUNA, ID 83634

(2) Change RA and/or RO Address:

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	Erin Chandler	1932 N Rubine Ln Kuna	Kuna ID 83634
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		101 83634	
<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:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B0763-0634 12/22/2022 12:24 PM Received by Office of the Idaho Secretary of State