



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 06/30/2020

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

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

SOS Control Number: 263228

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/04/2009

Formation Locale: ID

**Name and Mailing Address:**

SNACK QUENCHER'S LLC

PO BOX 266

BLOOMINGTON, ID 83223-0266

(1) Add or Change Mailing Address:

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

JULIE PAYNE

656 MADSEN LN

BLOOMINGTON, ID 83223

(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	<del>Julie Payne</del>		<del>Boise</del>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Julie Payne	115 S. 4th St.	Montpelier, Id 83223
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Julie Payne	656 Madsen Lane	Bloomington Id 83223
<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:

*Julie Payne*

(6) Date:

5-18-2020

(7) Type/Print Name:

Julie Payne

(8) Title:

Member/Manager

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

B0507-4201 05/21/2020 1:29 PM Received by ID Secretary of State Lawrence Denney