



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2022

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: 407294

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/17/2014

Formation Locale: ID

Name and Mailing Address:

LOBA AFRICAN MARKET AND FASHION LLC

5214 W FAIRVIEW AVE

BOISE, ID 83706-1762

(1) Add or Change Mailing Address:

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

ABDULWAHABU H MUKOMKA

5214 WEST FAIRVIEW AVENUE

BOISE, ID 83706

(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 | Abdulwahabu Mukomwa | 5214 W Fairview Ave | Boise ID 83706 |
| <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:

Abdulwahabu Mukomwa

(6) Date:

01/07/22

(7) Type/Print Name:

Abdulwahabu Mukomwa

(8) Title:

owner/manager

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

B0671-1446 01/07/2022 3:26 PM Received by ID Secretary of State Lawrence Denney