



Idaho Limited Liability Company Annual Report Form

File online at: 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: 462766

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/01/2015

Formation Locale: ID

Name and Mailing Address:

WESTERN LAND COLLECTIVE LLC

PO BOX 148

OSBURN, ID 83849-0148

(1) Add or Change Mailing Address:

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

TERRI RICHARDSON

1305 E GARDEN

OSBURN, ID 83849

(2) Change RA and/or RO Address:

TERRI MATTSON
P.O. BOX 148
1305 E GARDEN
OSBURN, ID 83849

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Terria Mattson

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ERIC LENZ	P.O. BOX 148	OSBURN, ID 83849
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	STAN BUTTERFIELD	P.O. BOX 148	OSBURN, ID 83849
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RICK LARSEN	P.O. BOX 148	OSBURN, ID 83849
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	AIMEE JONES	P.O. BOX 148	OSBURN, ID 83849
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Terria Mattson

(6) Date:

5-21-2020

(7) Type/Print Name:

TERRI MATTSON

(8) Title:

REGISTERED AGENT

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

B0506-4383 05/26/2020 10:21 AM Received by ID Secretary of State Lawrence Denney