



Idaho Limited Liability Company Annual Report Form

File online at: 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 #: 0005645164

Date Filed: 3/12/2024 2:02:00 PM

Due no later than: 03/31/2024

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

SOS Control Number: 5164199

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/21/2023

Formation Locale: ID

Name and Mailing Address:

UMAI Craft LLC
APT J103
739 E STATE ST
EAGLE, ID 83616-5975

(1) Add or Change Mailing Address:

815 Nectarine Street
Nampa, ID 83686

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

CHIKAKO OYAMA
739 E STATE ST APT J103
EAGLE, ID 83616

(2) Change RA and/or RO Address:

815 Nectarine St.
Nampa, ID 83686

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 | CHIKAKO OYAMA | 815 Nectarine St Nampa ID 83686 | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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(5) Signature: _____

(6) Date: 3-12-24

(7) Type/Print Name: CHIKAKO OYAMA

(8) Title: OWNER/MGR

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

B0876-5776 03/12/2024 2:02 PM Received by Office of the Idaho Secretary of State