



## Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 11/30/2018

Reporting Year: 2018

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

If reinstatement is required, the reinstatement fee is \$30.00.

Return completed form within 30 days to

**Idaho Secretary of State**

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

**SOS Control Number:** 93751

**Filing Status:** Active-Existing

Professional Limited Liability Company (D)

**Date Formed:** 11/12/2003

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

JOLYN SEIBERT, RD, CNSD, NUTRITION SPECIALISTS, PLLC  
4168 N, PONDEROSA PLACE  
FEATHERVILLE, ID 83647

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

(2) Change RA and/or RO Address:

JOLYN SEIBERT  
4168 N.PONDEROSA PL  
FEATHERVILLE, ID 83647

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

**(3) New Registered Agent (RA) Signature:**

(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	Jolyn Seibert, RD	4168 N.Ponderosa Pl, Featherville,	Idaho 83647
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Jolyn Seibert*

(6) Date: 11/8/2018

(7) Type/Print Name: *Jolyn Seibert*

(8) Title: *Owner/Mgr*

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.