



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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 #: 0005216521

Date Filed: 5/2/2023 9:24:00 AM

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

Due no later than: 05/31/2023

**SOS Control Number:** 459839

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 05/06/2015

**Formation Locale:** ID

### Name and Mailing Address:

482 DRAGONFLY, LLC  
416 E FOSTER AVE  
COEUR D ALENE, ID 83814-3045

(1) Add or Change Mailing Address:

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

KAREN L VAUGHN  
416 E FOSTER AVE  
COEUR D ALENE, ID 83814

(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	Karen Lynn Vaughn	416 E Foster Ave	Coeur d'Alene Id 83814
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Glenn Alan Vaughn	416 E Foster Ave	Coeur d'Alene Id 83814
<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:

*Karen Vaughn*

(6) Date:

*4/20/2023*

(7) Type/Print Name:

*Karen Vaughn*

(8) Title:

*manager*

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

BE788-3451-05/02/2023 9:24 AM Received by Office of Idaho Secretary of State