



(5) Signature: 4

## **Idaho Limited Liability Company Annual Report Form**

	File online at: Due on/Before:	<b>SOSBIZ.idaho.gov</b> 01/31/2019	Reporting Year: 2018	Idaho Secreta Attn: Annual	Reports
	_	ee if received by due the reinstatement fee		450 North 4th Boise, ID 837 Phone: (208)	02
SOS Control I	Number: 1509	965 Filing	Status: Active-Existing		
Limited Liability	y Company (D)	Date I	Formed: 01/12/2006	Formation L	ocale: ID
Name and Ma BAR O BAR R 1163 HEGSTF GRACE, ID 8	ROM		(1	) Add or Change Mailing	Address:
Registered As REMY LABRO 1163 HEGSTF GRACE, ID 8	OUCHE ROM RD 3241	Registered Office (Ro	O) Address: (2	) Change RA and/or RO	
(3) New Regis	stered Agent (R	RA) Signature:			
(4) Limited Liabi These will not be	lity Companies: le accepted. Char	Enter names and addres	ses of Managers OR Men the entity mailing address.	nbers. Do NOT put 's If more space is nee	ame as last year' or 'same as abouded, please add an attachment.
Manager/Member	Name		Business Address		City, State, Zip
Mgr Mem Mgr Mem Mgr Mem	Remy L Reth	abrouche Labrouche	1163 Hegs	trom trom	Grace, Td 83241 Grace IL 83241
Mgr Mem					
Mgr Mem					
Mgr Mem			<u></u>	-	

(8) Title: 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.

(6) Date:

Lawerence Denney