



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 10/31/2021

Return completed form within 30 days

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: 300827

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/13/2010

Formation Locale: ID

**Name and Mailing Address:**

WILLIAMSON FAMILY, LLC  
3427 OVERLAND AVE  
BURLEY, ID 83318-3280

(1) Add or Change Mailing Address:

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

LYN ANN ARNELL  
3427 OVERLAND AVE  
BURLEY, ID 83318

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LYN ANN ARNELL	3427 OVERLAND	BURLEY ID 83318
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	GLEN WILLIAMSON	P.O. Box 244 289 MAIN	GEORGETOWN ID 83239
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	CRAIG WILLIAMSON	22101 E. RUSSET RD	QUEEN CREEK, AZ 85148
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LORNA KIMBALL	816 E. NEWFIELD DR	SANDY, UTAH 84094
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BRUCE WILLIAMSON	225 KEELE STREET	MONTPELIER ID 83354
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RICHARD WILLIAMSON	3333 LUNDBURG LN	PACATELLO ID 83261
<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: *Lyn Ann Arnell*

(6) Date: 10 - 26 - 21

(7) Type/Print Name: *LYN ANN ARNELL*

(8) Title: *Member*

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

B0657-0336 10/27/2021 12:30 PM Received by ID Secretary of State Lawrence Denney