





## STATE OF IDAHO Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005064279

Date Filed: 1/13/2023 10:01:47 AM

| Entity Name and Mailing Address:                                                  |                            |                                              |            |
|-----------------------------------------------------------------------------------|----------------------------|----------------------------------------------|------------|
| Entity Name:                                                                      |                            | Cozy Cabin Creations LLC                     |            |
| The file number of this entity on the records of the Idaho Secretary of State is: |                            | 0003790408                                   |            |
| Address                                                                           |                            | 2749 HAWKWEED ST<br>POCATELLO, ID 83204-3653 |            |
| Entity Details:                                                                   |                            |                                              |            |
| Entity Status                                                                     |                            | Active-Existing                              |            |
| This entity is organized under the laws of:                                       |                            | IDAHO                                        |            |
| If applicable, the old file number of this the Idaho Secretary of State was:      | s entity on the records of |                                              |            |
| The registered agent on record is:                                                |                            |                                              |            |
| Registered Agent                                                                  |                            | Juliann M Wallace                            |            |
|                                                                                   |                            | Registered Agent                             |            |
|                                                                                   |                            | Physical Address                             |            |
|                                                                                   |                            | 2749 HAWKWEED ST<br>POCATELLO, ID 83204      |            |
|                                                                                   |                            | Mailing Address                              |            |
|                                                                                   |                            | 2749 HAWKWEED ST                             |            |
|                                                                                   |                            | POCATELLO, ID 83204-3653                     | 3          |
| Agent or Address Change                                                           |                            |                                              |            |
| Select if you are appointing a new agent.                                         |                            |                                              |            |
| Limited Liability Company Managers and Members                                    |                            |                                              |            |
| Name                                                                              | Title                      | Busines                                      | ss Address |
| Juliann Wallace                                                                   | Manager                    | 2749 HAWKWEED ST<br>POCATELLO, ID 83204      |            |
|                                                                                   |                            |                                              |            |
| The annual report must be signed by an authorize Job Title: Owner/Manager         | d signer of the entity.    |                                              |            |
| Juliann M Wallace                                                                 |                            |                                              | 01/13/2023 |
| Sign Here                                                                         |                            |                                              | Date       |
| ı <del>-</del>                                                                    |                            |                                              |            |