

Idaho Limited Liability Company Annual Report Form



		File online	e at: sosbiz.idaho.gov			. 88788
A SEASON		––. d form within 30 c	lays to:	_		
	Idaho Secretary of				For Office Use Only	
	Attn: Annual Repo				-FILED-	88
ATT OF	Boise, ID 83720	51			ile #: 0005201760	2
	Phone: (208) 334-2	2300			Date Filed: 4/13/2023 3:57:00 PM	4
Annua	<u> </u>	fee if received by	y the due date.		Due no later than: 05/31/20	بر 23 پر
SOS Control N	umber: 72149	Filina S	Status: Active-Existing		10 de 11 de 12	<u>\</u>
			te Formed: 05/31/2002 Formation Locale: ID			023
			(1) Add or Change Mailing Address:			
Name and Mai USTAXI LTD. (_		(1) Add of Change Maining Address.			
5297 N FORBE						57
BOISE, ID 83713-1250						_
,						PM
Registered Ag	ent (RA) and Reg	istered Office (RC)) Address: (2) C	Change RA and/or I	RO Address:	友
ENES KAJDIC						ceived
5297 N FORBE	S AVE					Ĕ,
BOISE, ID 837	13					ò
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	Note: Th	e Registered Office a	ddress must be a physical Ida	aho address (no r	netal hov)	λq
	Note. II	ie Registered Office at	duress must be a physical luc	ano address (no p	ostai boxj.	
(3) New Regist	tered Agent (RA)					O O
					t must sign here to accept the appointme	
(4) Limited Liabili These will not be	ity Companies: Ente accepted. Changes	er names and addres s here will not affect t	ses of Managers OR Memb he entity mailing address. I	ers. Do NOT put f more space is r	'same as last year' or 'same as a eeded, please add an attachmer	above <mark>ር</mark> nt. መ
Manager/Member	Name	/	Business Address	·	City, State, Zip	
Mgr Mem	ENES	EADDIC	5297 N. FUR	BES AUX	BOISE 14, 23713	, H
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(5) Signature:	Mu	us	, (6) D	Date: $04-1$	3-2023	<u> </u>
(7) Type/Print Nam	e ENES	> KADDI		ritle: OWN	3-2023 ER-MANAGER	را ملکہ
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.