



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 12/31/2019

Return	completed	form	within	30	dav	/s ^T
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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

Annual Report: No filing fee if received by the due date.				Phone: (208) 334-2300	
SOS Control Number: 305299 Limited Liability Company (D)		Filing Status: Active-Ex	-	Formation Locale: ID	
Name and Mai CEC INNOVAT 1015 MAIN ST SALMON, ID 8	TIONS LLC		(1) Add or Change	Mailing Address:	9:59 A
			:	e state of	AM R
CARLA K EVAI 1015 MAIN ST SALMON, ID 8	33467	a Oπice (RO) Address: stered Office address must be a ph	(2) Change RA and		eceived by
(4) Limited Liabili	ity Companies: Enter name	If a new agent is appointed in es and addresses of Managers Ol vill not affect the entity mailing ad	R Members. Do NOT	agent must sign here to accept the a put 'same as last year' or 'san is needed, please add an atta	me as appve'.
Manager/Member	Name	Business Addre	ess	City, State, Zip	ø
Mgr Mem	CARCA K EURA		. :		Tary of State Lawere
	Carla K Ec		(6) Date: 2 - 3 (8) Title: ocuse	•	<u>မ်</u>

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