



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

700 West Jefferson, E205

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 527136
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 11/09/2016

Formation Locale: ID

Name and Mailing Address:

CEDAR MOUNTAIN SURI, LLC.
PO BOX 960
ATHOL, ID 83801

(1) Add or Change Mailing Address:

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

STEVE LAGERQUIST
7881 E BUNCO RD
ATHOL, ID 83801

(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:

(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	STEVE LAGERQUIST	7881 E BUNCO, PO BX 960	ATHOL, ID 83801
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KIM LAGERQUIST	7881 E BUNCO, PO BX 960	ATHOL, ID 83801
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

10-22-18

(7) Type/Print Name: STEVE LAGERQUIST

(8) Title: MEMBER

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.

B0027-2188 10/29/2018 1:24 PM Received by ID

Secretary of State Lawrence Denney