



# Idaho Limited Liability Company Annual Report Form

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



Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

**-FILED-**

File #: 0005059902

Date Filed: 1/5/2023 9:22:00 AM

Due no later than: 01/31/2023

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

SOS Control Number: 121131

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/24/2005

Formation Locale: ID

**Name and Mailing Address:**

BAR CIRCLE ARROW RANCH, LLC

PO BOX 26

OLA, ID 83657-0026

(1) Add or Change Mailing Address:

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

ALLEN L SUTTON

21300 SWEET OLA HWY

OLA, ID 83657

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Allen Sutton	21300 Sweet Old Hwy	OLA, ID 83657
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sharon Sutton	21300 Sweet Old Hwy	OLA, ID 83657
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Allen Sutton

(6) Date: 1-3-23

(7) Type/Print Name: Allen Sutton

(8) Title: manager

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

B0763-1675 01/05/2023 9:22 AM Received by Office of the Idaho Secretary of State