



Idaho Limited Liability Company Annual Report Form

Return completed form within 30 days	to
daho Secretary of State	
ttn: Annual Penorts	

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Lawerence Denney

	File online at: SOSBIZ.i	daho.gov	Return completed form within 30	J days to: +
	Due on/Before: 12/31/20	18 Reporting Year: 2018	Idaho Secretary of State Attn: Annual Reports	
Annual Re	port: No filing fee if receive	red by due date.	450 North 4th Street	ţ
	ment is required, the reinsta	Boise, ID 83702	ı	
			Phone: (208) 334-2300	
SOS Contro	l Number: 276608	Filing Status: Active-Existing		ı
Limited Liab	ility Company (D)	Date Formed: 12/14/2009	Formation Locale: ID	
Name and I	Mailing Address:	(1) A	dd or Change Mailing Address:	
ROBERT F		,,,,,		
PO BOX 24	•			
NAMPA, ID				,
,				
Registered	Agent (RA) and Registere	d Office (RO) Address: (2) C	hange RA and/or RO Address:	
PHILIP A PE		, ,		•
5700 E FRA	NKLIN RD STE 200			
NAMPA, ID	83687			
				•
	Note: The Regi	stered Office address must be a physical Ida	sho address (no postal box).	
(3) New Reg	gistered Agent (RA) Signa	ture:		
(4) Limited Lia These will not	ability Companies: Enter name be accepted. Changes here	es and addresses of Managers OR Member will not affect the entity mailing address. It	ers. Do NOT put 'same as last year' or 'san more space is needed, please add an atta	ne as above chment.
Manager/Memi	oer Name	Business Address	City, State, Zip	
Mgr Me	m Robert Franz	Post Office Bo	x 247 Nampa, ID 836	53-0247
☐Mgr ☐Me	m			
☐Mgr ☐Me	m			

Secret ☐ Mgr ☐ Mem ☐ Mgr ☐ Mem Mgr Mem Mgr Mem

(5) Signature:	Mot	<u></u>		(6) Date:	1/10/19	
(7) Type/Print Name:	Robert	Franz	0	(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.