

Idaho Limited Liability Company Annual Report Form

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For Office Use Only



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

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

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Due no later than: 10/31/2022

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SOS Control Number: 478163		Filing Status: Active-Existir	ng	
Limited Liability Company (D)		Date Formed: 10/16/2015	Formation L	ocale: ID
Name and Mai BLACK IRON, 2799 SAGEBR TWIN FALLS, I	LLC		(1) Add or Change Mailing	Address:
JOY L WAKEF 2799 SAGEBR TWIN FALLS, I	USH DR ID 83301 Note: The Registered	l Office address must be a physic	(2) Change RA and/or RC	
(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	10	City, State, Zip
Mgr Mem Mgr Mem Mgr Mem Mem Mem Mem Mem Mgr Mgr Mem Mgr Mgr Mem Mgr Mgr	Daniel R. Wakefield Joy L. Wakefield	2799 Sogebrush	Dr.	Twin Falls, 10 83301 Twin Falls, 10 83301
(5) Signature:	Joy & Wakekiel		(6) Date: 9/72/22	
7) Type/Print Name: Joy L. Wakefield (8) Title: Registered Happy / Mby.				
Instructions: Lea	ibly complete the form above. Sign	and date this form and return to the	V	