



(7) Type/Print Name:

Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

	Due on/Before: 11/30/20		Idaho Secretary of State Attn: Annual Reports
	port: No filing fee if receinent is required, the reinstant	700 West Jefferson, E205 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300	
SOS Contro	l Number: 400544	Filing Status: Active-Existing	1 110110. (200) 00 1 2000
Limited Liabil	lity Company (D)	Date Formed: 11/13/2013	Formation Locale: ID
Name and N HINTZE REN PO BOX 125 MACKAY, ID	;	(1).	Add or Change Mailing Address:
Registered A LIN F HINTZ 4270 HWY 9 MACKAY, ID	3 83251	ed Office (RO) Address: (2)	Change RA and/or RO Address: daho address (no postal box).
(3) New Registered Agent (RA) Signature:			
			pers. Do NOT put 'same as last year' or 'same as abov If more space is needed, please add an attachment.
Manager/Membe	er Name	Business Address	City, State, Zip
Mgr ☐Men			93 83751

Manager/Member	Name	Business Address	City, State, Zip		
Mgr	Mem	LIN F Hurt3 (14270 Hur 43 83351			
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Mgr	Mem	Mgr	Mem	Mgr	Mem
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Mgr	Mem	Mgr	Mgr	Mem	Mgr

(8) Title: (Cich LCC

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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.