







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

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-FILED-

File #: 0003861627

Date Filed: 5/3/2020 8:15:31 AM

| Entity Name and Mailing Address:  |                  | OE) (IN                      | IO DEAL FOTATE ODOL                  | ID I I O   |          |
|---|------------------|------------------------------|--------------------------------------|------------|----------|
| Entity Name:  |                  | GEVING REAL ESTATE GROUP LLC |                                      |            |          |
| The file number of this entity on the records of the Idaho Secretary of State is: |                  | 000019                       | 92436                                |            |          |
| Address   |                  | 5550 S                       | LAPWAI PL                            |            |          |
|   |                  | BOISE                        | , ID 83709-5753                      |            |          |
| Entity Details:   |                  |                              |                                      |            |          |
| Entity Status   |                  | Active                       | - Existing                           |            |          |
| This entity is organized under the laws of:                                       |                  | IDAHC                        | J                                    |            |          |
| If applicable, the old file number of this entity on the records of the           |                  |                              |                                      |            |          |
| Idaho Secretary of State was:   | e records or the | W6039                        |                                      |            |          |
| The registered agent on record is:  |                  |                              |                                      |            |          |
| Registered Agent  |                  |                              | KATRINA GEVING                       |            |          |
|   |                  |                              | Registered Agent                     |            |          |
|   |                  | •                            | Address                              |            |          |
|   |                  |                              | APWAI PLACE                          |            |          |
|   |                  |                              | , ID 83709                           |            |          |
|   |                  | Mailing /                    | Address                              |            |          |
| Agent or Address Change   |                  |                              |                                      |            |          |
| Select if you are appointing a new agent.   |                  |                              |                                      |            |          |
| Limited Liability Company Managers and Members                                    |                  |                              |                                      |            |          |
| Name  | Title            |                              | Business Address                     |            |          |
| Katrina Geving  | Member           |                              | 5550 LAPWAI PLACE<br>BOISE, ID 83709 |            |          |
|   |                  |                              |                                      |            | <u> </u> |
| The annual report must be signed by an authorized signer of the                   | entity.          |                              |                                      |            |          |
| Katrina Geving  |                  |                              |                                      | 05/03/2020 |          |
| Sign Here   |                  |                              |                                      | Date       | —        |
|   |                  |                              |                                      |            |          |
| Job Title: Owner  |                  |                              |                                      |            |          |
| JOD TIUG. OWING   |                  |                              |                                      |            |          |