



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2021

Nort Form
Return completed form within 30 days to: 37

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

				450 North 4th Street	
Annua	l Report: No filing fee i	f received by the due date.		ID 83720 (208) 334-2300	12/
SOS Control Number: 323472		Filing Status: Active-Existing	Filing Status: Active-Existing		- <del> </del>
Limited Liability Company (D)		Date Formed: 07/07/2011	Date Formed: 07/07/2011 Formation Locale: ID		
Name and Mailing Address:		(*	(1) Add or Change Mailing Address:		
UNIVERSITY I					 
INKOM, ID 83					Ğ
					A
	gent (RA) and Registere	ed Office (RO) Address: (2	2) Change RA and	I/or RO Address:	አ ወ
KEN DOYEL 2996 W PORT	MEHE DD				C) ()
INKOM, ID 83					1
					Celved
	Note: The Pegi	stered Office address must be a physical	ldaha addrass /	na nastal havi	•
	_		idano address (	no postai dokj.	λg
(3) New Regis	tered Agent (RA) Signa		(2) shove the new	agent must sign here to accept the appoint	ment <u></u>
(4) Limited Liebil	lity Companies: Enter nam	es and addresses of Managers OR Mer			
		will not affect the entity mailing address			ent. 🕡
Manager/Member Name		Business Address	Business Address		
Mgr Mem	Ken Doyel	2996 W. Porting	usba	Inkom 10 8324	
Mgr Mem	Aleida Doyel	2996 W. Portine	us Rd	11Kom 1D 83245	
Mgr Mem					
Mgr Mem					- 0
Mgr Mem  Mgr Mem			<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
☐ Mgr ☐ Mem					7
☐ Mgr ☐ Mem					
Mgr Mem	<del> <u>-</u></del>		<del></del>		<u>#</u>
☐Mgr ☐Mem					
Mgr Mem					Ţ
<b>_</b>	12	1			
(5) Signature:	Was How	3 <b>√</b> (e	i) Date: 7-	7-21	Õ
	1100		1/1		
(7) Type/Print Nam	ne: Ken Doyel		) Title:		
	, , , , , ,				Ø

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

e Denney