



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2020

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.

SOS Control Number: 305299

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/10/2010

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

CEC INNOVATIONS LLC
1015 MAIN ST
SALMON, ID 83467-4320

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

CARLA K EVANS
1015 MAIN ST
SALMON, ID 83467

Note: The Registered Office address must be a physical Idaho address (no postal box).

(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	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Carla K Evans	1015 Main St	Salmon Id 83467
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Carla K Evans

(6) Date: 1/27/2021

(7) Type/Print Name: CARLA K EVANS

(8) Title: owner

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

B0578-1039 02/01/2021 1:41 PM Received by ID Secretary of State Lawrence Denney