



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 09/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 569960

Filing Status: Inactive-Dissolved
(Administrative)

☒ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 09/06/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

IDAHO MARKET DAYS, LLC
1336 4TH AVE E
TWIN FALLS, ID 83301

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

(2) Change RA and/or RO Address:

LAWRENCE PFEFFERLE
1336 4TH AVE E
TWIN FALLS, ID 83301

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

(3) New Registered Agent (RA) Signature:

(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	Lawrence Pfefferle	1336 4th Ave East	Twin Falls, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Suzann Pfefferle	1336 4th Ave East	Twin Falls, ID 83301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Lawrence Pfefferle

(6) Date: 2-5-2019

(7) Type/Print Name: Lawrence Pfefferle

(8) Title: OWNER

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.

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