



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

File online at: sos.idaho.gov

Due no later than: 12/31/2019

## port Form 80 Return completed form within 30 days to 10 Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 336517		Filing Status: Active-Exi	_		
Limited Liability Company (D)		Date Formed: 12/16/201	1 Form	Formation Locale: ID	
Name and Ma	iling Address:		(1) Add or Chang	e Mailing Address:	ш
BECKIONE, LI					2
2608 LONGBO					 U
TWIN FALLS,	ID 83301-8946				-
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Registered Agent (RA) and Registered Office (RO) Address:			(2) Change RA a	nd/or RO Address:	ኢ
LINDA HEINRI					<u>0</u>
2608 LONGBOW DR TWIN FALLS, ID 83301					Ø
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	Note: The Regis	stered Office address must be a phy	sical Idaho address	(no postal box).	σ
(3) New Regis	tered Agent (RA) Signa	ture:			Ą
(5)	torou rigoriu (tu i) orginu		item (2) above, the rie	w agent must sign here to accept the i	appointment.
		es and addresses of Managers OR will not affect the entity mailing add			achment. 💆
Manager/Member	Name	Business Addre	 \$\$	City, State, Zip	<u></u>
Mgr ☐ Mem	Linda Heinric	h 2608 Longbou	Dr	Twin Falls:	t.D 83306
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(E) Cianatura	ا ۱ ۱ ۸ ۵ ۵		(6) Data:	11 - 21-10	
(5) Signature:	denda H	einrich	(6) Date:	11-21-19	
(7) Type/Print Nam	ne: Linda Hei	nrich	(8) Title: "	manager	
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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