



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 10/31/2019

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:** 3334017

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 10/23/2018

**Formation Locale:** ID

**Name and Mailing Address:**

243 White Sands, LLC  
JIMMY AND SANDRA LATHROP  
845 E RANCH DR  
EAGLE, ID 83616-5269

(1) Add or Change Mailing Address:

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

Jimmy Lathrop  
845 RANCH DRIVE  
EAGLE, ID 83616

(2) Change RA and/or RO Address:

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

**(3) New Registered Agent (RA) Signature:**

*N/A*

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	<del>American Realty</del>	<del>3298 N Fairview</del>	<del>Boise, ID 83713</del>
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	<del>Wolf Capital Management LLC</del>		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jimmy Lathrop	845 Ranch Dr.	Eagle, ID 83616
<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:

*Jimmy Lathrop*

(6) Date:

*10/15/2019*

(7) Type/Print Name:

*Jimmy Lathrop*

(8) Title:

*Registered Agent*

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

B0357-3687 10/18/2019 2:39 PM Received by ID Secretary of State Lawrence Denney