



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2020

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

Port Form

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

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| SOS Control Number: 114485 | | _ | Filing Status: Active-Existing | | N 2 |
| Limited Liability Company (D) | | Date Formed: 10/14/20 | Date Formed: 10/14/2004 Formation Locale: ID | | |
| Name and Mai | ling Address: | | (1) Add or Change | Mailing Address: | Ú |
| ALH, L.L.C. | | | | | |
| 302 CLEAR LA | | | | | 0 |
| BUHL, ID 8331 | 16-52/4 | | | | į |
| | | | | | |
| Registered Ag | ent (RA) and Registere | d Office (RO) Address: | (2) Change RA and | /or RO Address: | |
| A LEON HANS | | | ., | | (|
| 302 CLEAR LA | KE LN | | | | " |
| BUHL, ID 83316 | | | | | |
| | | | | | Ç |
| | Note: The Desir | ntored Office address must be a m | husiaal lalaha addaaaa /- | on mandal haw) | 5 |
| | Note: The Regis | stered Office address must be a p | mysicai idano address (i | io postai box). | * |
| (3) New Regist | tered Agent (RA) Signa | | <u> </u> | | |
| | | | | gent must sign here to accept the a | ippointment |
| (4) Limited Liabili These will not be | ty Companies: Enter name accepted. Changes here v | es and addresses of Managers (will not affect the entity mailing a | OR Members. Do NOT ddress. If more space | put 'same as last year' or 'sa is needed, please add an atta | me as above' <mark>ll</mark> achment. |
| Manager/Member | Name | Business Add | · · · · · · · · · · · · · · · · · · · | City, State, Zip | - · |
| ☐ Mgr ☑ Mem | ALFRED LEON HAI | | LAKE LANE | | 6-5274 |
| ☐Mgr XMem | JEAN ELIZABETH H | MSON 302 CLEDE | LAKE LANE | BUHL, 20 83311 | 6.5274 |
| Mgr Mem | | | | | Y |
| Mgr Mem | | | | | |
| Mgr Mem Mgr Mem | | | | | F |
| ☐ Mgr ☐ Mem | | | | | |
| ☐ Mgr ☐ Mem | <u> </u> | | | | - |
| ☐Mgr ☐Mem | | | | | |
| ☐ Mgr ☐ Mem | | | | | |
| Mgr Mem | 1/1/ | | | | 9 |
| | | | | / | |
| (5) Signature: | Manun! | KUAV | (6) Date: 9/3 | 1/2000 | |
| \(\) | 01 1 1 | // | | / | |
| (7) Type/Print Nam | e: MLFKED LEON N | ANDON, ZOS | (8) Title: THES! | AFN7 /member | |
| Instructions: Leg | ibly complete the form above. | Sign and date this form and return | to the address provided al | oove. | |