



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 09/30/2019

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: 298548

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/13/2010

Formation Locale: ID

**Name and Mailing Address:**

ELEVEN BAR, LLC

150 S 3RD E

REXBURG, ID 83440-2004

(1) Add or Change Mailing Address:

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

~~BLAIR FISHER~~ *Jeannie Fisher* →

150 S 3RD E

REXBURG, ID 83440

(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:**

*Jeannie Fisher*

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	<i>Blair Fisher</i>	<i>150 So 3rd East</i>	<i>Rexburg Ida 83440</i>
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	<i>Jeannie Fisher</i>	<i>150 So 3rd East</i>	<i>Rexburg Ida 83440</i>
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	<i>Todd Fisher</i>	<i>4033 West 5100 North</i>	<i>Rexburg Ida 83440</i>
<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:

*Jeannie Fisher*

(6) Date:

*9-18-19*

(7) Type/Print Name:

*Jeannie Fisher*

(8) Title:

*Member*

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

B0322-6794 09/24/2019 8:46 AM Received by ID Secretary of State Lawrence Denney