



# Idaho Limited Liability Company Annual Report Form

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



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

For Office Use Only

**-FILED-**

File #: 0005102272

Date Filed: 2/8/2023 9:01:00 AM

Due no later than: 02/28/2023

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

**SOS Control Number:** 447940  
Limited Liability Company (D)

**Filing Status:** Active-Existing  
**Date Formed:** 02/02/2015

**Formation Locale:** ID

**Name and Mailing Address:**  
LAZY TEACUP RANCH L.L.C.  
5259 OLD RIVER RD  
KINGSTON, ID 83839-9710

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**  
RICHARD REED  
5259 OLD RIVER RD  
KINGSTON, ID 83839

(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:**

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	Richard Reed	5259 Old River Rd	Kingston, ID 83839
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Debra Ann Reed	5259 Old River Rd	Kingston, ID 83839
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Richard Reed

(6) Date: 2-4-23

(7) Type/Print Name: Richard Reed

(8) Title: Manager / owner

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

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