



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 01/31/2019

Reporting Year: 2018

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:** 407796

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 01/22/2014

**Formation Locale:** ID

**Name and Mailing Address:**

OPPERMAN LLC  
P.O. BOX 337  
SAGLE, ID 83860

(1) Add or Change Mailing Address:

Opperman LLC  
P.O. Box 1038  
Bonners Ferry, ID. 83805

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

PHILLIP A OPPERMAN  
150 OUR LANE  
SAGLE, ID 83860

(2) Change RA and/or RO Address:

Phillip A. Opperman  
7459 Colville St.  
Bonners Ferry, ID. 83805

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	Philip A. Opperman	P.O. Box 1038, 7459 Colville St.	Bonners Ferry ID 83805
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Teresa G. Opperman	P.O. Box 1038, 7459 Colville St.	Bonners Ferry, ID. 83805
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Signature]*

(6) Date:

3/14/19

(7) Type/Print Name

Philip A. Opperman

(8) Title:

RA. Mgr

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

B0167-7398 03/18/2019 10:45 AM Received by ID Secretary of State Lawrence Denney