



Idaho Limited Liability Company Annual Report Form

SOSBIZ.idaho.gov

Return completed form within 30 days to:



File online at:

Due on/Before: 12/31/2018

Reporting Year: 2018
Attn: Annual Reports

Idaho Secretary of State

450 North 4th Street

Boise, ID 83702

If reinstatement is required, the reinstatement fee is \$30.00.

Phone: (208) 334-2300

SOS Control Number: 55111

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/07/2000

Formation Locale: ID

Name and Mailing Address:

BUX'S PLACE LLC
PO BOX 51
CHALLIS, ID 83226

(1) Add or Change Mailing Address:

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

GREGORY C CALDER
2105 CORONADO ST
IDAHO FALLS, ID 83404

(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:

(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	Madge E. Yacomella	P.O. Box 51	Challis, ID 83226
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Tammie J. Yacomella	P.O. Box 253	Challis, ID 83226
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bill R. Yacomella	P.O. Box 253	Challis, ID 83226
<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:

Madge E. Yacomella

(6) Date:

1/14/19

(7) Type/Print Name:

Madge E. Yacomella

(8) Title:

Manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

B0079-1811 01/17/2019 9:32 AM Received by ID Secretary of State Lawrence Denney