



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 02/28/2019

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

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

**SOS Control Number:** 410723

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 02/18/2014

**Formation Locale:** ID

**Name and Mailing Address:**

SUNSET FARMS LLC  
9071 W WATERWOOD LN  
GARDEN CITY, ID 83714

(1) Add or Change Mailing Address:

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

DEBBIE MASON  
9071 W WATERWOOD LN  
GARDEN CITY, ID 83714

(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	Debbie Mason	9071 W. Waterwood Ln	Garden City ID 83714
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Bill Mason	9071 W. Waterwood Ln	Garden City, ID 83714
<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:

*Debbie Mason*

(6) Date:

2-27-19

(7) Type/Print Name:

Debbie Mason

(8) Title:

owner

**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.

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