



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 10/31/2014

Reporting Year: 2014

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

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

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

SOS Control Number: 178229

Filing Status: Inactive-Dissolved
(Administrative)

Reinstate Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 10/23/2006

Formation Locale: ID

Name and Mailing Address:

OCEAN VIEW LLC
2377 KINDRED TRAIL
COEUR D'ALENE, ID 83814

(1) Add or Change Mailing Address:

OCEAN View LLC
405 Myrtle Ave

Modesto Ca 95350

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

NO AGENT

AGENT RESIGNED OR INVALID
BOISE, ID 83702 (ADA)

(2) Change RA and/or RO Address:

Registered Agents Inc
784 S. Clearwater Loop, STE
Post Falls ID 83854

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Bill Aug Secretary

(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	<i>Paul Aug</i>	405 Myrtle Ave	Modesto Ca 95350
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	<i>Cynthia Aug</i>	405 Myrtle Ave	Modesto Ca 95350
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Paul Aug

(6) Date: 2-19-2019

(7) Type/Print Name:

Paul Aug

(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.

B0198-6928 04/16/2019 2:27 PM Received by ID Secretary of State Lawrence Denney