



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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 #: 0005699654

Date Filed: 4/22/2024 11:23:00 AM

Due no later than: 05/31/2024

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

**SOS Control Number:** 4289449

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 05/24/2021

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

3922 IDAHO LLC  
WILLIAM W CRAIG  
2251 N CITRINE AVE  
KUNA, ID 83634-4821

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

(2) Change RA and/or RO Address:

Terrell F Smith  
1224 7TH ST SO  
NAMPA, ID 83651

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	William Craig	2251 N Citrine Ave	Kuna Idaho 83634
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Carl Craig	11 " " " "	" " " "
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(5) Signature:

William Craig

(6) Date:

4-22-24

(7) Type/Print Name:

William Craig

(8) Title:

MGK

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

B0903-0277 04/22/2024 11:23 AM Received by Office of the Idaho Secretary of State