



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

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: 94460
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 11/28/2003

Formation Locale: ID

Name and Mailing Address:

ZI SPA, L.L.C.
1859 N LAKEWOOD DR #302
COEUR D ALENE, ID 83814

(1) Add or Change Mailing Address:

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

MELISSA WELLS *Angie Rothrock*
1859 N LAKEWOOD DR STE ~~302~~ 200
COEUR D ALENE, ID 83814

(2) Change RA and/or RO Address:

Angie Rothrock
1859 N. Lakewood Dr. Ste 200
Coeur d'Alene, ID 83814

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	<i>Tammy Schneider</i>	<i>1859 N. Lakewood Dr. # 302</i>	<i>Coeur d'Alene, ID</i>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			<i>83814</i>
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(5) Signature: *Angie Rothrock*

(6) Date: *11/20/18*

(7) Type/Print Name: *Angie Rothrock*

(8) Title: *VP*

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.

B0027-5239 11/26/2018 9:35 AM Received by ID Secretary of State Lawrence Denney