



(7) Type/Print Name:

Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Return completed form within 30 days to:

(8) Title: OTTU VIMAAAN

	Due on/Before: 11/30/2018	Reporting Year: 2	.010	Idaho Secretary of State Attn: Annual Reports		
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.				450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300		
	Number: 579957 imited Liability Company (D)	Filing Status: Active-Exist Date Formed: 11/17/201	•	Formation L	.ocale: ID	
Name and Ma NALDER & BL 591 PARK AV IDAHO FALLS	E STE 201	•	(1) Add or (Change Mailing	g Address:	
Registered Ap LANE A BLAK 591 PARK AV IDAHO FALLS	E STE 201 5, ID 83402		:	RA and/or RO		
(3) New Regis	Note: The Registere Stered Agent (RA) Signature:	d Office address must be a phys	ical Idaho ad	dress (no pos	stal box).	
	lity Companies: Enter names an e accepted. Changes here will no					
Manager/Member	Name	Business Addres	8		City, State, Z	ip
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(5) Signature:	Spelynn War	Kerli	(6) Date:	11/7/1	8	

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.