



Idaho Limited Liability Company Annual Report Form

File online at: 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 #: 0005214000

Date Filed: 4/28/2023 10:34:00 AM

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

Due no later than: 05/31/2023

SOS Control Number: 262739

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/29/2009

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WALLACE LAKE PROPERTY, LLC
2815 N CASSIANA CT
COEUR D ALENE, ID 83814-0103

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

(2) Change RA and/or RO Address:

ROBERT H WALLACE
2815 CASSIANA COURT
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:

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	Robert Wallace	2815 N Cassiana Ct	Coeur d'Alene, ID 83814
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sally Wallace	2815 N Cassiana Ct	Coeur d'Alene, ID 83814
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Cathryn Bailey	429 N Hayes St.	Moscow, ID 83843
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

R H Wallace

(6) Date:

04/25/2023

(7) Type/Print Name:

Robert H. Wallace

(8) Title:

Manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B0787-5573 04/28/2023 10:34 AM Received by Office of the Idaho Secretary of State