



Idaho Limited Liability Company Annual Report Form

	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
Annual Report: No filling fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.			Bolse, ID 83702 Phone: (208) 334-2300
SOS Control I	Number: 579956	Filing Status: Active-Existing	
Professional Li	imited Liability Company (D)	Date Formed: 11/17/2017	Formation Locale: ID
Name and Ma BLAKE LAW (691 GATEHO)	•	(1)	Add or Change Mailing Address:
IDAHO FALLS	S, ID 83404		
LANE BLAKE 691 GATEHOU IDAHO FALLS	s, ID 83404	d Office address must be a physical I	Change RA and/or RO Address: daho address (no postal box).
(4) Limited Liabi	lity Companies: Enter names an	d addresses of Managers OR Mem	bers. Do NOT put 'same as last year' or 'same as above'
Manager/Member	Name	Business Address	City, State, Zip
☑Mgr ☐Mem	Cane Blake	691 Gatchouse (are IFID, 83404
Mgr Mem			
☐ Mgr ☐ Mem			
Mgr Mem			
☐ Mgr ☐ Mem		· · · · · · · · · · · · · · · · · · ·	
Mgr Mem			
Mgr Mem			
(5) Signature:	The	(6)	Date: ///7/18

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.