



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 08/31/2019

Dort Form

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
•		Filing Status: Activ	-	ion Locator ID	182
Limited Liability Company (D) Date		Date Formed: 08/24	#/2016 Format	ion Locale: ID	
Name and Mai	_		(1) Add or Change	Mailing Address:	<u> </u>
	AMILY CABIN, LLC				بر
2735 E LANCA HAYDEN, ID 8					N.
HATDEN, ID 0	33033				_
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	ent (RA) and Registere	d Office (RO) Address:	(2) Change RA and	/or RO Address:	ኢ መ
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HAYDEN, ID 8					e L
TIATULII, IU U					~
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	Note: The Regis	stered Office address must be	a physical Idaho address (no postal box).	ζq
(3) New Regist	tered Agent (RA) Signa	ture:			~
		If a new agent is appoin	nted in item (2) above, the new a	ngent must sign here to accept the app	ointment
(4) Limited Liabili These will not be	ity Companies: Enter name accepted. Changes here v	es and addresses of Manage will not affect the entity mailin	rs OR Members. Do NOT ng address. If more space	put 'same as last year' or 'same is needed, please add an attac	e as above; chment.
Manager/Member	Name	Business A	ddress	City, State, Zip	ָ ק
∭Mgr	Leonard Hamm		E. Lancaste	,,	
Mgr Mem	Georgianne Ham	mrich 2735 E.	Lancaster RP	Hayden LK., I	D. 8383
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(5) Signature: 🗡	in a Story six	<u>_</u>	(6) Date:	aust 5 2019	awei
•		ammrich	(8) Title: Ma	nager	9
				9	
Instructions: Lea	ribly complete the form above.	Sign and date this form and ret	urn to the address provided a	pove.	W.