



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 10/31/2018

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: 573976

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/05/2017

Formation Locale: ID

Name and Mailing Address:

COLTER PUGH ENTERPRISES, LLC

11992 E GAMBLES RD

SWANLAKE, ID 83281

(1) Add or Change Mailing Address:

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

COLTER PUGH

11992 E GAMBLES RD

SWANLAKE, ID 83281

(2) Change RA and/or RO Address:

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	Colter Pugh	11992 E Gambles Rd	Swan Lake, ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Colter Pugh

(6) Date:

10/31/18

(7) Type/Print Name:

Colter Pugh

(8) Title:

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.