



## Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2021

Poort Form

Return completed form within 30 days to: 
Idaho Secretary of State

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

Annua	l Report: No filing fee if r	· ·	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 328173 Limited Liability Company (D)		Filing Status: Active-Existi Date Formed: 09/01/2011	iling Status: Active-Existing late Formed: 09/01/2011 Formation Locale		0/2021
Name and Mai YA-YA EXPRE PO BOX 99 MALAD CITY, I	SSILC		(1) Add or Change Mailir	ng Address:	12:08 PM
EARL D BROO 1716 S 4700 W MALAD CITY, I	D 83252 (ONEIDA COUN  Note: The Registe tered Agent (RA) Signatu	ered Office address must be a physic  re:  If a new agent is appointed in itel	m (2) above, the new agent	stal box). must sign here to accept the	Received by
THESE WIII HOUDE	accepted. Changes here will	and addresses of Managers OR M I not affect the entity mailing addre	ss. If filore space is ne	T	attachment.
Manager/Member  Mgr Mem	Name Earl D. Brooke	Business Address		City, State, Zip	<u> </u>
Mgr Mem Mgr Mem	BRENDA BROCKS	·	ow.	Malad City	Td 8325
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(5) Signature:	Bund S.	· · · · · ·	(6) Date:   6 S.	+ ZCZ1	aweren
(7) Type/Print Name: BREDOA BROOKS (8) T			(8) Title: Ca - man		en g
Instructions: Leg	ibly complete the form above. Si	ign and date this form and return to the	address provided above.		ő