



Idaho Limited Liability Company Annual Report Form

	File online at: Due on/Before	SOSBIZ.idaho. : 09/30/2018	_	rting Year: 2018	Return completed form within 30 days of Idaho Secretary of State Attn: Annual Reports		30 days to
Annual Rep	ort: No filing fo	ee if received b	v due date.		450 North 4th	Street	12/
-	ent is required,		-	0.	Boise, ID 837 Phone: (208)		2
SOS Control	Number: 475	053	Filing Status:	Inactive-Dissolved (Administrative)		Reinstate Entit	Ø
Limited Liabili	ability Company (D)		Date Formed: 09/17/2015 Formation Lo		Locale: ID	9	
	ailing Address: /ELOPERS, LLC			(1) Ad	ld or Change Mailin	g Address:	10:31
Registered A	gent (RA) and	Registered Off	ice (RO) Addr	ress: (2) Ch	nange RA and/or RC	Address:	AM RA
SCOTT L ST 3844 S BARL MERIDIAN, II	EVENS ETTA WAY D 83642		, ,				eceived .
(A) N = 5			Office address r	nust be a physical Idal	ho address (no po:	stal box).	ÅФ
	stered Agent (f	· ·					<u>H</u>
(4) Limited Liai These will not I	oility Companies: oe accepted. Cha	Enter names and inges here will not	addresses of M affect the entity	lanagers OR Membeι γ mailing address. If ι	rs. Do NOT put 's more space is nee	ame as last year' or 'sa eded, please add an att	achment
Manager/Membe		Name		Business Address		City, State, Zip	
	Mem Scott L - Stever]Mem]Mem		S 3844 S. Barlotta w		γ -	1 Merdian, ID 83	
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(5) Signature:	South of	Sm	<u></u>	(6) Dat	te: 1/2.	1/19	Ω ct
(4) - 3	~	1				•	10
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