



(5) Signature:

(7) Type/Print Name: 1

## Nort Form Return completed form within 30 days to trill idaho Secretary of State Attn: Annual Reports **Idaho Limited Liability Company Annual Report Form**

Attn: Annual Reports

File online at: SOSBIZ.idaho.gov

Due no later than: 03/31/2019

450 North 4th Street Boise, ID 83720 Annual Report: No filing fee if received by the due date. Phone: (208) 334-2300 SOS Control Number: 83606 Filing Status: Active-Existing Limited Liability Company (D) Date Formed: 03/27/2003 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: N ADDISON, L.L.C. 2989 EAST 3500 NORTH Œ TWIN FALLS, ID 83301 Received Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: CLIFFORD H SNIDER JR 2989 EAST 3500 NORTH TWIN FALLS, ID 83301 Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as aboys'. 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 Mgr Mem SNIDER 3500H Mgr ☐Mem Mgr Mem Mgr Mem ō Mgr Mem Mgr Mem  $\overline{\alpha}$ Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem 分のので

(6) Date:

(8) Title:

EMBER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

JEFORD HI SHIDER JR

Denney