



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 03/31/2020

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: Active-Exis | _ | Formation Locale: ID | |
| | | Date Formed: 03/29/2004 | Format | | |
| Name and Ma REALISTIC AF 2240 KILBORN MESA, ID 836 | I LN | | (1) Add or Change Mailing Address: | | 9: 38 |
| WESA, ID 000 | 40-0000 | | | | AM |
| Registered Agent (RA) and Registered Office (RO) Address: ANGELA OKAMOTO-ONG 2240 KILBORN LN MESA, ID 83643 | | | | | Received |
| | tered Agent (RA) Signatu | If a new agent is appointed in i | tem (2) above, the new a | gent must sign here to accept the appointr | |
| nese will not be | accepted. Changes here wil | and addresses of Managers OR I not affect the entity mailing add | Members. Do NOT ress. If more space | put 'same as last year' or 'same as is needed, please add an attachme | ent. Q |
| Manager/Member | Name | Business Addres | is | City, State, Zip | 9.1 |
| Mgr Mem Mem Mgr Mem Mem Mem Mem Mem Mem Mgr Mgr | Angela Okamuto Walter S. Olean | 1 1 | | Mesa, ID 83643 Mesa, ID 83643 | tary of State |
| Mgr Mem | | | | | |
| (5) Signature: | ngela Okamoto | - Oag | (6) Date: () 2 人 | 4/2020 | Laweren |
| (7) Type/Print Nam | ne: Angela Okamato | -Ong | (8) Title: 02/15 | /2020 | <u>в</u> С |
| A | | | | | _ |

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