



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2022

For Office Use Only
Return completed form within 30 days to:

Idaho Secretary of State - **FILED**

Attn: Annual Reports
File #: 0004694872
450 North 4th Street

Boise, ID Date Filed: 4/8/2022 2:56:00 PM

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 41355

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/20/1999

Formation Locale: ID

Name and Mailing Address:

COUNTRY PLAZA PARTNERS, L.L.C.

PO BOX 2908

HAYDEN, ID 83835-2908

(1) Add or Change Mailing Address:

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

MJE, L.L.C.

421 E CLOVERLEAF DR

HAYDEN LAKE, ID 83835

(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:

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 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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PERRY FINLEY + TERRY FINLEY	9297 N. GOVERNMENT WAY HA	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LARRY BATCHELOR	1505 E. HAYDEN AVE	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ED + LIZ FEHRINGER	11296 N. EASTSHORE DR.	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DAN + RENAE FEHRINGER	3508 E. WILD TURKEY TRAIL	COEUR D'ALENE ID 83815
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MJE, LLC	P.O. BOX 2908	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAULINE R. SHERMAN HALL	P.O. BOX 1854	POST FALLS, ID 83877
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	TRUST OF THE PAULINE R.		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	SHERMAN REVOCABLE		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	LIVING TRUST		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Marilyn J. Eaves

(6) Date:

4/5/22

(7) Type/Print Name:

MARILYN J. EAVES

(8) Title:

COUNTRY PLAZA PARTNERS, LLC
MEMBER

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

B0697-0872 04/08/2022 2:56 PM Received by ID Secretary of State Lawrence Denney