



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



## Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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

Due no later than: 05/31/2023

**SOS Control Number:** 33674

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 05/26/1998

**Formation Locale:** ID

### Name and Mailing Address:

R.C.P. PROPERTIES, L.C.  
2951 W HIGHWAY 36  
WESTON, ID 83286-5006

(1) Add or Change Mailing Address:

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

DWAIN L WEEKS  
2951 W HIGHWAY 36  
WESTON, ID 83286

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Dwain Weeks	2951 W. Hwy 36	Weston, Idaho 83286
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sandra Weeks	2951 W. Hwy 36	Weston, Idaho 83286
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Dwain Weeks

(6) Date: 4-24-23

(7) Type/Print Name: Dwain Weeks

(8) Title: Manager

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

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