



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2021

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

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

SOS Control Number: 33674

Limited Liability Company (D)

Filing Status: Active-Existing

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

(5) Signature:

Dwain Weeks

(6) Date:

4-19-21

(7) Type/Print Name:

(8) Title:

Manager - President

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

B0594-5020 04/23/2021 10:20 AM Received by ID Secretary of State Lawrence Denney