



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2020

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

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

SOS Control Number: 211581

Limited Liability Company (D)

Filing Status: Active-Existing

Date Formed: 09/24/2007

Formation Locale: ID

Name and Mailing Address:

THUNDER CITY RANCH, LLC
4245 S FALCONREST WAY
BOISE, ID 83716-6682

(1) Add or Change Mailing Address:

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

(2) Change RA and/or RO Address:

JOHN K ALLEN
4245 S FALCONREST WAY
BOISE, ID 83716

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	JOHN K ALLEN	4245 S. FALCONREST WAY	Boise Id 83716
<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 checked="" type="checkbox"/> Mem	J.R. Family TRUST	2627 S. ENGE/NOOK PL	MERIDIAN ID 83642
<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:

John K Allen

(6) Date: 8-15-2020

(7) Type/Print Name:

JOHN K. ALLEN

(8) Title:

MANAGER

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

BU521-7097 08/17/2020

10:38 AM Received by

ID Secretary of State Lawrence Denney