



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2020

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: 558253		Filing Status: Active-Existing  Date Formed: 06/12/2017 Formation Locale: ID		
Limited Liability Company (D)  Name and Mailing Address:  DJNB, L.L.C.  PO BOX 247  NAMPA, ID 83653-0247		Date Formed: 06/12/2017	(1) Add or Change Mailing	
Registered Agent (RA) and Registered Office (RCDAVID J HOWERZYL 16800 ROSE BRIAR LN		ffice (RO) Address:	Address: (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 Manager/Member	Name Name	not affect the entity mailing add		eded, please add an attachment.  City, State, Zip
Mgr Mem Mgr Mem		00 ROSE BRIAR LANE NAMPA	ID USA 83687-	<u> </u>
Mgr Mem Mgr Mem Mgr Mem	NICOLE B. HOWERZYL 16800	ROSE BRIAR LANE NAMPA	ID USA 83687-8	428
Mgr Mem Mgr Mem				
Mgr Mem				
(5) Signature:	I The	ver)	(6) Date: 9 - 30	-20
(7) Type/Print Name: DAVID J. HOWERZYL (8) Title: MANAGER				

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