



Idaho Limited Liability Company Annual Report Form

File online at: 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-

File #: 0005206736

Date Filed: 4/20/2023 9:30:00 AM

Due no later than: 03/31/2023

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

SOS Control Number: 101415
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 03/24/2004

Formation Locale: ID

Name and Mailing Address:

HOPE CIRCLE, LLC
PO BOX 1
HOPE, ID 83836-0001

(1) Add or Change Mailing Address:

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

KALLY THURMAN
620 WELLINGTON PL /p.o. 1
HOPE, ID 83836

(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	Kally THURMAN	P.O. 1, 620 Wellington Place	Hope ID 83836
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	JAMES ERDMAN	321 Osprey Circle	Hope ID 83836
<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: Kally Thurman

(6) Date: April 6, 2023

(7) Type/Print Name: KALLY THURMAN

(8) Title: Manager

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

B0788-2972 04/20/2023 9:30 AM Received by Office of the Idaho Secretary of State