



Idaho Limited Liability Company Annual Report Form

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Port Form

Return completed form within 30 days to day Idaho Secretary of State

Annual Repo	rt: No filing fee if receint is required, the reinsta	450 North 4t Boise, ID 83	Attn: Annual Reports 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300		
SOS Control N Limited Liability		Filing Status: Active-Exist Date Formed: 02/09/2011	•	Locale: ID	7 2
Name and Mai MCKAY PRESS PO BOX 3894 KETCHUM, ID	ling Address: S LLC	pate Formed. G2/00/2011	(1) Add or Change Mailir		TO 0.00 ATT
MARGARET M 239 B PINEWO KETCHUM, ID	CKAY FERRIS OOD LN 83340 Note: The Regi	ed Office (RO) Address: istered Office address must be a physiciture: es and addresses of Managers OR Managers O		ostal box).	אמנת דאתר הא דרא
i nese will not be	accepted. Changes here t	will not affect the entity mailing addre	ess. If more space is ne	eded, please add an aπachment	. V
Manager/Member	Name	Business Addres	S	City, State, Zip	
Mgr Mem	Margaret Jo	erris 158X 3894		Ketchum. 1D 83	37
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(5) Signature:	acaset nickay	Ferris	(6) Date: / - 27	-19	
(7) Type/Print Name		Kay Ferris	(8) Title: Mance	\ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_[
Instructions: Leg	jibly complete the form above.	. Enclose a check made payable to the	e Idaho Secretary of State	for \$30 if reinstating.	ş

-Sign and date this form and return to the address provided above.