



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annua	l Report: No filing fee if re	Boise, ID 83720 Phone: (208) 334-2300			
		Filing Status: Active-Existing	Farmanian Lagr	alar ID	<u> </u>
Limited Liability Company (D) Date I		Date Formed: 05/01/2003	Formation Loca		
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Registered Ag MARTIN D PE 6638 N. SWAIN COEURDALEN	NSON LN. NE, ID 83815		Change RA and/or RO Ad	. A	ν α Ε
	tered Agent (RA) Signatu	If a new agent is appointed in item (2	?) above, the new agent must	sign here to accept the	<u>&</u>
(4) Limited Liabili These will not be	ity Companies: Enter names accepted. Changes here will	and addresses of Managers OR Mem not affect the entity mailing address.	If more space is neede	ed, please add an at	ime as above tachment.
Manager/Member	Name	Business Address		ity, State, Zip	0-100
Mgr Mem Mgr Mem Mgr Mem Mgr Mem	Shirley D. Peter	TERSEN GOOPISE EAGLE M		VCSON, AZ VCSON, AZ	85739 K
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(5) Signature: /	Marla to	elense (6)	Date: 5 - 7 - 0	2019	ת ב
(7) Type/Print Nam	e: MAPTIN D.	PETERSEN (8)	Title: Mgr		<u> </u>
		to and date the forms and action to the ad-	drong provided above		Č

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