



Idaho Limited Liability Company Annual Report Form

For Office Use Only

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2022

Return completed -FILED- 30 days to:

Idaho Secretary

Attn: An File #: 0004664077

450 North Date Filed: 3/17/2022 10:33:00 AM

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 1458

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/03/1994

Formation Locale: ID

Name and Mailing Address:

COLUMBIA 7 LIMITED LIABILITY COMPANY
912 CYPRESS STREET
LEWISTON, ID 83501-4215

(1) Add or Change Mailing Address:

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

MICHAEL W. KAUFMAN
2985 MAYFAIR RDG
LEWISTON, ID 83501

(2) Change RA and/or RO Address:

MICHAEL W. KAUFMAN
→ 912 CYPRESS STREET
LEWISTON, ID 83501

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MICHAEL KAUFMAN	912 CYPRESS STREET	LEWISTON, ID 83501
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	WILLIAM FELSTED	322 EAST HIGH DRIVE	SPOKANE, WA 99203
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DENNIS GLETTINGER	54 HARMS ROAD	PULLMAN, WA 99163
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DELBERT REISENAUER	3055 HWY 95 SOUTH	MOSCOW, ID 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	NICK DRUFFEL	P.O. BOX 115	COTTON, WA 99113
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ED BROEMHELING	210 NORTH LINCOLN	MOSCOW, ID 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KENNETH CLYDE	1175 ZEITLER ROAD	MOSCOW, ID 83843
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Michael W. Kaufman

(6) Date:

3-11-22

(7) Type/Print Name:

MICHAEL W. KAUFMAN

(8) Title:

REGISTERED AGENT (MEMBER)

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

00690-1041 03/17/2022

10:33 AM Received by

Secretary

State Lawerence

Denney