



## Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 03/31/2020

**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:** 156333

**Limited Liability Company (D)**

**Filing Status:** Active-Existing

**Date Formed:** 03/06/2006

**Formation Locale:** ID

**Name and Mailing Address:**

DITTMAN FAMILY LLC  
87541 HIGHWAY 3 N  
ST MARIES, ID 83861-9456

(1) Add or Change Mailing Address:

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

MARY K DITTMAN  
87541 HIGHWAY 3 N  
ST MARIES, ID 83861

(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	Steve Dittman	124 N. Grand	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Shawlyn Johnston	10107 Garden Tracts Rd	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sander McHail	East Ogallala Rd	Harrison, ID 83833
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Sidice Dittman	87541 Hwy 3 N	St. Maries, ID 83861
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Paul Dittman	87401 Hwy 3 N	St. Maries, ID 83861
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

**(5) Signature:** Mary Dittman

**(6) Date:** 3-30-2020

**(7) Type/Print Name:** Mary Dittman

**(8) Title:** Secretary

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

BN494-0572 03/25/2020

10:13 AM

Received by

ID

Secretary of State

Lawrence Denney