



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

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

Due no later than: 03/31/2022

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

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SOS Control Number: 493839		Filing Status:	s: Active-Existing			
Limited Liability	Company (D)	Date Formed	03/03/2016	Formation L	ocale: ID	N
Name and Mailing Address:			(1) Add or Change Mailin	g Address:	in in	
LABCZARGOL	D LLC					C
PO BOX 1447	DDV ID 00005 4447					
BONNERS FEI	RRY, ID 83805-1447					T
					NEED HEROCKERSON ON THE RESPONSE OF THE RESPON	N
Registered Ag	ent (RA) and Registered Of	fice (RO) Addr	ess:	(2) Change RA and/or RO	Address:	() ()
ARTHUR B CO						(T) hard o
587 DISTRICT						<
BONNERS FERRY, ID 83805						\$1.12 a
						in the second
	Note: The Registered	Office address n	nust be a physic	al Idaho address (no po	stal box).	pot _{est}
(3) Now Pogiet	ered Agent (RA) Signature:					ent.
(3) New Regist	ered Agent (NA) Signature.		is appointed in iter	n (2) above, the new agent r	nust sign here to accept the a	1911831
(4) Limited Liabili	ty Companies: Enter names and	d addresses of M	lanagers OP M	embers Do NOT put 's	came as last year' or 'sai	me as above
	accepted. Changes here will no					
Manager/Member	Name	Busin	ess Address		City, State, Zip	TO ct
Mgr Mem	Arthur Codding	ton Po	Box 14	47	BONNES Ferry	IN 8380
Mgr Mem	Valerie Coldingto	N PO	Bax 144	7	BONNERS FERRY ID	83805
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	1 200	7	2		,	para and a second
(5) Signature: 10 Man 2022						
(5) Signature: Mar Solding (6) Date: 10 Mar 2022 (7) Type/Print Name: Arthur B. Codd ington (8) Title: President Mar						
		/				

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