



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2021

Return completed form within 30 days

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 77468

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/06/2002

Formation Locale: ID

Name and Mailing Address:

GOLDEN PACIFIC TRUST SERVICES, LLC

PO BOX 190791

BOISE, ID 83719-0791

(1) Add or Change Mailing Address:

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

ENTITY SERVICES INC

2309 N MOUNTAIN DR STE 160

BOISE, ID 83706

(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	Southwest Crem State	P.O. Box 190791	Boise, ID 83719
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Capital Management		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Trust		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B0626-8598 10/06/2021 12:37 PM Received by ID Secretary of State Lawrence Denney