



	idano Linned Liability Company Annual Report Form			``
	File online at: SOSBIZ.idal	ho.gov	Return completed form within 3	0 days to
	Due on/Before: 12/31/2018	Reporting Year: 2018	Idaho Secretary of State Attn: Annual Reports	
Annual Par	nort. No filing foo if receives	I by due date	450 North 4th Street	
1	port: No filing fee if received nent is required, the reinstater	•	Boise, ID 83702	, -
Ti remstaten	nent is required, the remotater	Tient lee 13 \$50.00.	Phone: (208) 334-2300	4
SOS Control	l Number: 148004	Filing Status: Active-Existing		7
Limited Liabil	ity Company (D)	Date Formed: 12/12/2005	Formation Locale: ID	
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NOTUS, ID	83656			
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- Bosistavad /	Agent (BA) and Begintered (	Office (BO) Address: (2) C	hange RA and/or RO Address:	
LARRY LEW	<b>Agent (RA) and Registered (</b> /IS	Dilice (RO) Address. (2)	mange for and/or for Address.	n (
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	Note: The Pagista	red Office address must be a physical Ida	the address (no nestal hov)	ī
(A) N = D	_		ino address (no postar box).	×
<u> </u>	istered Agent (RA) Signatur			<u>_</u>
(4) Limited Lia These will not	bility Companies: Enter names a be accepted. Changes here will	and addresses of Managers OR Member not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'sar more space is needed, please add an atta	ne as above achment.
Manager/Memb	er Name	Business Address	City, State, Zip	
Mgr Men	Waturd Konnia	424 Heyer 20	26 Notus Ida 83	656 F
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□а. □.м.с.	··		1	F
(5) Signature:	Larry Jours	(6) D	ate: 12-12-18	
(7) Type/Print Na	ame: LARRII LEINI	(8) Ti	tle: Munis - Manger	 F

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

awerence Denney