



# Idaho Limited Liability Company Annual Report Form

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



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

For Office Use Only

**-FILED-**

File #: 0005785564

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Due no later than: 05/31/2025

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

SOS Control Number: 5231859

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/07/2023

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

Maes Way LLC  
1170 W 9500 S  
VICTOR, ID 83455-5189

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

(2) Change RA and/or RO Address:

Derek Miller  
1170 W 9500 S  
VICTOR, ID 83455

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 ab 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 | DEREK MILLER | 1170 W 9500 S VICTOR, ID | 83455            |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                          |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                          |                  |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                          |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                          |                  |

(5) Signature:

*Derek Miller*

(6) Date:

5-28-24

(7) Type/Print Name:

DEREK MILLER

(8) Title:

OWNER

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

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