



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2021

## Dort Form Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports

Annua	l Report: No filing fee if r	received by the due date.	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	1/25/2
SOS Control Number: 482422		Filing Status: Active-Existing		2
Limited Liability Company (D)		Date Formed: 11/25/2015	Formation Locale: ID	<u> </u>
Name and Mailing Address: SUNSHINE MEADOWS, LLC 4827 GLEASON MCABEE FALLS RD		(1) Add or Change Mailing Address:		10:01
PRIEST RIVER	R, ID 83856-8684			AM
Registered Agent (RA) and Registered Office (RO) Address:  DAN TERRY  (2) Change RA and/or RO Address:				Rece
4827 GLEASON MCABEE FALLS RD PRIEST RIVER, ID 83856				) ived
	Note: The Registe	ered Office address must be a physical Ida	ho address (no postal box).	٦٩
(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 app				the appointment
These will not be	accepted. Changes here wil	and addresses of Managers OR Membell not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or more space is needed, please add ar	r 'same as above'.
Manager/Member	Name	Business Address	City, State, Zip	
Mgr   Mem  Mgr   Mem	Dan Terry		neAber Fall Prinst Riv	) '81
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(5) Signature:	Dag	(6) D	ate: 10/08/2021	
(7) Type/Print Name: Day Torry (8) Title: Owner mer.				nc
Instructions: Leg	$\bigcup_{i} C_i$ jibly complete the form above. S	ign and date this form and return to the addre	ί 'ess provided above.	w U