



Idaho Limited Liability Company Annual Report Form

File online at: 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-

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

Due no later than: 08/31/2022

SOS Control Number: 327566

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/24/2011

Formation Locale: ID

Name and Mailing Address:

INGLING RENTALS, LLC
PO BOX 538
ASHTON, ID 83420-0538

(1) Add or Change Mailing Address:

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

JOANN RICHARDS
1421 N 3650 E
ASHTON, ID 83420

(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 | JoAnn Richards | 1421 N 3650 E | Ashton, ID 83420 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Alex J. Richards | 2906 Hayden Way | Boise, ID 83705 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Janalyll R Larish | 7175 S. Bowman | Idaho Falls, ID 83406 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Laura R Wollan | 12166 W Touchrock Lane | Kuna, ID 83634 |
| <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: JoAnn Richards

(6) Date: Aug. 15, 2022

(7) Type/Print Name: JoAnn Richards

(8) Title: Manager

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

B0732-0203 08/17/2022 9:26 AM Received by ID Secretary of State Lawrence Denney