


**STATE OF IDAHO**
*Office of the secretary of state, Phil McGrane*
**FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

 Idaho Secretary of State  
 PO Box 83720  
 Boise, ID 83720-0080  
 (208) 334-2301  
 Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0006142238

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## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company Foreign Limited Liability Company

Entity name

Montagna Casa ID, LLC

2. Home Jurisdiction

The jurisdiction of formation is: WISCONSIN

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 Street Address RHYS P. STRASIA  
 3243 FERNGLADE RD  
 VERONA, WI 53593

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 Mailing Address RHYS P. STRASIA  
 3243 FERNGLADE RD  
 VERONA, WI 53593-8017

5. The complete street address of the principal office is:

 Principal Office Address RHYS P. STRASIA  
 14268 RED RIVER AVE  
 NAMPA, ID 83651

6. The mailing address of the principal office is:

 Mailing Address RHYS P. STRASIA  
 3243 FERNGLADE RD  
 VERONA, WI 53593-8017

7. Registered Agent Name and Address

 Registered Agent C T CORPORATION SYSTEM  
 Commercial Registered Agent  
 Physical Address  
 1555 W SHORELINE DR  
 STE 100  
 BOISE, ID 83702  
 Mailing Address  
 1555 W SHORELINE DR  
 STE 100  
 BOISE, ID 83702

 I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
RHYS P STRASIA	MANAGER	RHYS P. STRASIA 3243 FERNGLADE RD VERONA, WI 53593-8017



Signature of individual authorized by the entity to sign:

*Rhys P. Strasia*

Sign Here

*03/19/2025*

Date

Job Title: Manager

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**MONTAGNA CASA ID, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 25, 2025.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 19, 2025.

A handwritten signature in black ink that reads "Kristie Pulvermacher".

KRISTIE PULVERMACHER, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>