



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 01/31/2020

Dort Form

Return completed form within 30 days to: United to the secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.				Boise, ID 8	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 445583			iling Status: Active-Existing			
Limited Liability Company (D)		Date I	Formed: 01/09/2015	Formation	Formation Locale: ID	
Name and Mai LINE VIEW LAI 2269 W 800 S ABERDEEN, IC	ND SPRINGFIEL	D, LLC	(*	1) Add or Change Mai	ling Address:	(((
Registered Ag RICHARD A LII 2269 W 800 S ABERDEEN, IC	NE .	gistered Office (R	O) Address: (7	2) Change RA and/or	RO Address:	(
(4) Limited Liabili	ered Agent (RA)	Signature:	new agent is appointed in item sses of Managers OR Mei the entity mailing address	(2) above the r-aw ager mbers. Do NOT pu	of must sign here to accept the	ame as above
Manager/Member	Name ,	11-	Business Address		City, State, Zip	
Mgr Mem	Kichard	A. Line	2269W, 800	S	Horden Stale	832,00
Mgr Mem	The drew	Luia	1905 Lianne	SZ	Jah Falle, I dek	, \$3 402
(5) Signature:	Tell C	Txè	(6	s) Date: /-//	-20	
(7) Type/Print Name	Richard	A. Line	(8	3) Date: /-/f	ent	
Instructions: Leg	bly complete the form	n above. Sign and date	this form and return to the a	ddress provided abov	e .	ţ