



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-

File #: 0004867449

Date Filed: 8/22/2022 12:11:00 PM

Due no later than: 09/30/2022

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

SOS Control Number: 210243

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/07/2007

Formation Locale: ID

Name and Mailing Address:

4911 AD, LLC
PO BOX 323
SUN VALLEY, ID 83353-0323

(1) Add or Change Mailing Address:

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

BARBARA AMICK
121 IRENE ST
KETCHUM, ID 83340

(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 checked="" type="checkbox"/> Mem	BARBARA AMICK	231 NORTHWOOD WAY, SUITE B 500	KETCHUM, ID 83340
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TRAVIS AMICK	231 NORTHWOOD WAY, SUITE B 500	KETCHUM, ID 83340
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Barbara Amick

(6) Date:

8/20/22

(7) Type/Print Name:

BARBARA AMICK

(8) Title:

PRESIDENT OWNER
MICK/MGR

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

B0732-0450 08/28/2022 12:11 PM Received by ID Secretary of State Lawrence Denney