



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 12/31/2019

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

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

SOS Control Number: 250829

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/30/2008

Formation Locale: ID

Name and Mailing Address:

DEERKOP FAMILY LLC
5656 HIGHWAY 95
POTLATCH, ID 83855-8719

(1) Add or Change Mailing Address:

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

BARBARA J DEERKOP
5656 HIGHWAY 95
POTLATCH, ID 83855

(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	Barbara Deerkop	5656 Highway 95	Potlatch Id 83855
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joe Deerkop	1601 So River Rd	Palouse WA 99161
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Christine Deid Potlatch	Po Box 561	Potlatch Id 83855
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dale Deerkop	1152 Bear Creek Rd	Princeton Id 83857
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dona De Marshall	1246 Bear Creek Road	Princeton Id 83857
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Ted Deerkop	1201 Lady Butte Rd	Spokane WA 99130
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lore Simpson	6314 SE 22 nd Street	Mercer Island WA 98040
<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 Deerkop

(6) Date: 12-2-19

(7) Type/Print Name: BARBARA DEERKOP

(8) Title: Manager

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

B0423-0637 12/06/2019 10:05 AM Received by ID Secretary Lawrence Denney