



Idaho Limited Liability Company Annual Report Form For Office Use Only

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2022

Return complete **-FILED-** in 30 days to:

Idaho Secretary

Attn: An File #: 0004705927

450 North Date Filed: 4/19/2022 3:22:00 PM

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 498702

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/28/2016

Formation Locale: ID

Name and Mailing Address:

WELLER LAND, TIMBER, STONE LLC

2490 E SUMMIT DR

COEUR D ALENE, ID 83815-7074

(1) Add or Change Mailing Address:

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

CLYDE G WELLER

2490 E SUMMIT DR

COEUR D ALENE, ID 83815

(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	Clyde G. Weller	2490 E Summit Dr	Coeur d'Alene, ID 83815
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Christopher S. Weller	23230 Pembroke Dr	Hollywood, MD 20636
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Courtney J. Weller	233 Lavaca	San Antonio, TX 78210
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Shannon E. Robb	1833 Limerick Dr.	Spokane, WA 99037
<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:

Clyde G. Weller

(6) Date:

4/15/2022

(7) Type/Print Name:

Clyde G. Weller

(8) Title:

Manager

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

B06936-1500 04/19/2022 3:22 PM Received by ID Secretary Denney