

## **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

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

For Office Use Only

## -FILED-

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Due no later than: 09/30/2022

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SOS Control Number: 474837 Limited Liability Company (D)		Filing Status: Active-	Filing Status: Active-Existing		
		Date Formed: 09/16/2015 Formation Locale: ID		nation Locale: ID	22
Name and Mai GALAXY DELI\	_		(1) Add or Change Mailing Address:		
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NAMPA, ID 83	686-8015				PM
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Registered Ag RAMONA TOD 11027 IOWA A NAMPA, ID 83	VE	Office (RO) Address:	(2) Change RA	and/or RO Address:	¢cei∨ed
	Note: The Regist	ered Office address must be a	ı physical Idaho addres	ss (no postal box).	Åq
(3) New Regist	tered Agent (RA) Signat	ure:	ed in item (2) above, the r	ew agent must sign here to accept th	e appointment H
(4) Limited Liabili These will not be	ty Companies: Enter names accepted. Changes here w	s and addresses of Managers ill not affect the entity mailing	s OR Members. Do N gaddress. If more spa	OT put 'same as last year' or 's ace is needed, please add an a	same as abov <b>e</b> i. attachment. <b>••••••••••••••••••••••••••••••••••••</b>
Manager/Member	Name	Business Ad	ldress	City, State, Zip	0
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(5) Signature:	Muni	yoly	(6) Date:	10-20-22	tary
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.