



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2022

For Office Use Only
Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Date Filed: 7/15/2022 10:12:00 AM
Phone: (208) 334-2300

-FILED-

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

SOS Control Number: 72795

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/20/2002

Formation Locale: ID

Name and Mailing Address:

ZUBIZARETA, L.L.C.
7328 W LAMPLIGHTER ST
BOISE, ID 83714-2045

(1) Add or Change Mailing Address:

8109 W BRUNWOOD
DRIVE
BOISE ID 83704

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

ALLAN R BOSCH
205 N 10TH ST 4TH FL
BOISE, ID 83702

(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	JOSEPH ZUBIZARETA	8109 W BRUNWOOD DR	BOISE ID 83704
<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:

(6) Date:

07-14-22

(7) Type/Print Name:

JOSEPH ZUBIZARETA

(8) Title:

OWNER

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

B0719-3080 07/15/2022 10:12 AM Received by ID Secretary of State Lawrence Denney