



Idaho Limited Liability Company Annual Report Form

				B0026-
	Idaho Limited Lia File online at: SOSBIZ.id Due on/Before: 11/30/201 ort: No filing fee if receive ent is required, the reinstate	8 Reporting Year: 20 ed by due date.	Return completed	E205
Limited Liabilit		Filing Status: Active-Existi Date Formed: 11/20/2009	ng	ID 00
Registered Agent (RA) and Registered Office (RO) Address: MATTHEW TOWNSEND 912 E 3800 N BUHL, ID 83316 Note: The Registered Office address must be a physical Idaho address (no postal box).				
• •	stered Agent (RA) Signatu	· -		~ H
(4) Limited Liab These will not b Manager/Member	e accepted. Changes here wi	ill not affect the entity mailing address Business Address	css. If more space is needed, ple	ease add an attachment. 🛮 👩
Mgr Mem				State, Zip no. 1, IO 83316

Mem Mem Mem Mem (6) Date: 10/18/18 (5) Signature: //w/ MAITHEW TOWNSEND (7) Type/Print Name: (8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

Lawerence Denney