





## **STATE OF IDAHO**

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005879430

Date Filed: 9/3/2024 3:23:09 PM

| Entity Name and Mailing Address:  |                          |                |                                 |            |  |
|---|--------------------------|----------------|---------------------------------|------------|--|
| Entity Name:  |                          |                | 2655 Fairview, LLC              |            |  |
| The file number of this entity on the records of the Idaho Secretary of State is: |                          |                | 0004451492                      |            |  |
| Address   |                          |                | 350 N 9TH ST                    |            |  |
|   |                          |                | STE 200                         |            |  |
|   |                          |                | BOISE, ID 83702-5469            |            |  |
| Entity Details:   |                          |                |                                 |            |  |
| Entity Status   |                          |                | Active-Existing                 |            |  |
| This entity is organized under the laws of:                                       |                          |                | IDAHO                           |            |  |
| If applicable, the old file numbe<br>the Idaho Secretary of State w               |                          | the records of |                                 |            |  |
| The registered agent on record is:  |                          |                |                                 |            |  |
| Registered Agent  |                          |                | Michael N. Fery                 |            |  |
|   |                          |                | Registered Agent                |            |  |
|   |                          |                | Physical Address                |            |  |
|   |                          |                | 350 NORTH 9TH STREET            |            |  |
|   |                          |                | SUITE 200<br>BOISE, ID 83702    |            |  |
|   |                          |                | Mailing Address                 |            |  |
|   |                          |                | 350 N 9TH ST                    |            |  |
|   |                          |                | STE 200<br>BOISE, ID 83702-5469 |            |  |
|   |                          |                | DOIGE, ID 03/02-3409            |            |  |
| Agent or Address Change   |                          |                |                                 |            |  |
| Select if you are appointing  | g a new agent.           |                |                                 |            |  |
| Limited Liability Company Managers and  | d Members                |                |                                 |            |  |
| Name  | Title                    |                | Business Addre                  | ss         |  |
| Michael N. Fery   | Manager                  |                | 9TH STREET, SUITE 200           |            |  |
|   |                          | BOISE, ID 8    | 33702                           |            |  |
|   |                          |                |                                 |            |  |
| The annual report must be signed by an Job Title: President / CEO                 | authorized signer of the | ne entity.     |                                 |            |  |
| TOD THE. I TESHLETH! / OLO  |                          |                |                                 |            |  |
|   |                          |                |                                 | 00/02/2024 |  |
| Michael N Fery  |                          |                |                                 | 09/03/2024 |  |
| Sign Here   |                          |                |                                 | Date       |  |