



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
700 West Jefferson, E205  
450 North 4th Street  
Boise, ID 83702  
Phone: (208) 334-2300

**Annual Report: No filing fee if received by due date.**  
If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 145991

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/16/2005

Formation Locale: ID

### Name and Mailing Address:

ARROWHEAD FIRE SUPPORT, L.L.C.  
3144 2ND ST S  
NAMPA, ID 83686

(1) Add or Change Mailing Address:

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

MARK A BRINKOETTER  
3144 2ND ST S  
NAMPA, ID 83686

(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:

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MARK A BRINKOETTER	3144 2ND ST S.	NAMPA ID 83686
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DOLORES A BRINKOETTER	3144 2ND ST S.	NAMPA ID 83686
<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: *Dolores A Brinkoetter*

(6) Date: 10-15-2018

(7) Type/Print Name: DOLORES A. BRINKOETTER

(8) Title: MEMBER

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.

B0026-2531 10/19/2018 9:41 AM Received by ID Secretary of State Lawrence Denney