



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 03/31/2020

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.**

SOS Control Number: 497076

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/16/2016

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

ROSSI FARM LLC

1690 W 500 S

PINGREE, ID 83262-1208

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

(2) Change RA and/or RO Address:

MARION ROSSI

1690 W 500 S

PINGREE, ID 83262

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 checked="" type="checkbox"/> Mem	Marion Rossi	1690 W 500 S	Pingree, ID 83262
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Carmina Hatton	3010 NE 32nd Drive	Lincoln City, OR 97366
<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: Marion Rossi

(6) Date: 2/27/20

(7) Type/Print Name: Marion Rossi

(8) Title: Manager Rossi Farm LLC

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

B0476-5831 03/02/2020 1:37 PM Received by ID Secretary of State Lawrence Denney