



Idaho Limited Liability Partnership Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 03/31/2019

Reporting Year: 2018

Report Form

Return completed form within 30 days to 10 ldaho Secretary of State

Idaho Secretary of Stat Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee	if received by the due date.	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	4/08/
SOS Control Number: 4853	Filing Status: Active-Existi	_) 2
Limited Liability Partnership (D)	Date Formed: 03/13/2001	Formation Locale: ID	
Name and Mailing Address: ALEXACON LLP PO BOX 3127		(1) Add or Change Mailing Address:	3:25
KETCHUM, ID 83340			PM
Registered Agent (RA) and Registered LINDA D WOODCOCK 371 W RIVER ST UNIT 5 KETCHUM, ID 83340	ed Office (RO) Address:	(2) Change RA and/or RO Address:	Received
Note: The Reg	istered Office address must be a physic	cal Idaho address (no postal box).	у ру
(3) New Registered Agent (RA) Signa (4) Limited Liability Partnerships: Enter na	If a new agent is appointed in ite	m (2) above, the new agent must sign here to accept the appoint	
These will not be accepted. Changes here	will not affect the entity mailing addre	ss. If more space is needed, please add an attachm	ent. no.
Name	Business Address	City, State, Zip	
Linda Wiederell	PO 204 3127	Ketchum, Td. 839	40 P
Lindson A. Woodlock	PO BOX 3127	Ketchum, Id. 833 Ketchum, Id. 83	340
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	. 3	6 - 1	Ď
(5) Signature: Kinda	landerick	(6) Date: 3 31 2019	<u>.</u> D
(7) Type/Print Name: 人/ (入) ひ.	Weakeck	(8) Title: Manager Dayacone	Lawerence
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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