



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

SOS Control Number: 181114

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/27/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

MOUNTAIN MEADOW RENTALS LLC

509 CROOKS ST

GRANGEVILLE, ID 83530-2101

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

(2) Change RA and/or RO Address:

BILLIE G FOGLEMAN

509 CROOKS ST.

GRANGEVILLE, ID 83530

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 type="checkbox"/> Mem	Billie Fogleman	509 Crooks St.	Grangeville, ID 83530
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Carol	509 Crooks St.	Grangeville, ID 83530
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(5) Signature:

Billie Fogleman

(6) Date:

12-18-24

(7) Type/Print Name:

Billie Fogleman

(8) Title:

manager

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

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