



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-

File #: 0004863426

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Due no later than: 09/30/2022

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

SOS Control Number: 211581

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/24/2007

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

THUNDER CITY RANCH, LLC
4245 S FALCONREST WAY
BOISE, ID 83716-6682

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

(2) Change RA and/or RO Address:

JOHN K ALLEN
4245 S FALCONREST WAY
BOISE, ID 83716

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	JOHN K ALLEN	4245 S. FALCONREST WAY	Boise Id 83716
<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 checked="" type="checkbox"/> Mem	J.R. FAMILY TRUST	2624 S. ENGELBROOK PL.	meridian Id 83842
<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:

John K Allen

(6) Date:

8-15-22

(7) Type/Print Name:

JOHN K. ALLEN

(8) Title:

MANAGER

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

B0732-0204 08/17/2022 9:26 AM Received by ID Secretary of State Lawrence Denney