



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 03/31/2019

Reporting Year: 2018

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

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

SOS Control Number: 452778

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/06/2015

Formation Locale: ID

Name and Mailing Address:

BAKER COUNTRY MARKET, LLC
7 N BAKER ROAD
SALMON, ID 83467

(1) Add or Change Mailing Address:

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

(2) Change RA and/or RO Address:

PAUL MILLER
7 N BAKER ROAD
SALMON, ID 83467

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 | Paul Miller | | |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Eric Miller | | |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Anna Trayer | | |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Lydiann Trayer | | |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Rosetta Beachy | | |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Maria Miller | | |
| <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:

(6) Date: 4-9-19

(7) Type/Print Name: Paul Miller

(8) Title: Owner

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

* See Attached Sheet for addresses.

BN219-3123 04/15/2019 11:40 AM Received by ID Secretary of State Lawrence Denney

Sheet1

Eric Miller
892 Hwy 28
Salmon ID 83467

Anna Troyer
62 Red Rock Stage Rd.
Salmon ID 83467

Lydiann Troyer
62 Red Rock stage Rd
Salmon, ID 83467

Rosetta Beachy
277 Red Rock Stage Rd
Salmon, ID 83467

Maria Miller
892 Hwy. 28
Salmon, ID 83467

Paul Miller
892 Hwy. 28
Salmon, ID 83467