







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004928619

Date Filed: 9/30/2022 11:00:11 AM

Entity Name and Mailing Address: Entity Name: The file number of this entity on the records of the Idaho Secretary of State is: Address PO BOX 276 INKOM, ID 83245-0276 Entity Status This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS Sign Here Og/30/2022 Date				
The file number of this entity on the records of the Idaho Secretary of State is: Address PO BOX 276 INKOM, ID 83245-0276 Entity Details: Entity Status This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 TROY EVANS 11tle: Registered Agent P. O. BOX 276 INKOM, ID 83245	· · ·			
Secretary of State is: Address PO BOX 276 INKOM, ID 83245-0276 Entity Details: Entity Status Active-Existing This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Physical Address Agent Address Agent Physical Address Agent Physical Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent	Entity Name:	We Do Drug	We Do Drugs and Bugs, LLC	
Entity Details: Entity Status Active-Existing This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS		0003624169		
Entity Details: Entity Status This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Registered Agent Physical Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS	Address	PO BOX 276		
Entity Status This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS		INKOM, ID 8		
This entity is organized under the laws of: If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS	Entity Details:			
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent	Entity Status	Active-Existin	Active-Existing	
the Idaho Secretary of State was: The registered agent on record is: Registered Agent Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS	This entity is organized under the laws of:		IDAHO	
Registered Agent TROY EVANS Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS		rds of		
Registered Agent Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS	The registered agent on record is:			
Physical Address 49 PROFESSIONAL PLAZA REXBURG, ID 83440 Mailing Address Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS	Registered Agent			
Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent 7ROY EVANS		-		
Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address		•	•	
Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022				
Agent or Address Change Select if you are appointing a new agent. Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022				
Select if you are appointing a new agent. Limited Liability Company Managers and Members Name TItle Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022		Walling Address	•	
Limited Liability Company Managers and Members Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022	Agent or Address Change			
Name Title Business Address MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022	Select if you are appointing a new agent.			
MICHELLE NICKERSON Member P. O. BOX 276 INKOM, ID 83245 The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022	Limited Liability Company Managers and Members			
The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022	Name	Title	Business Address	
The annual report must be signed by an authorized signer of the entity. Job Title: Registered Agent TROY EVANS 09/30/2022	MICHELLE NICKERSON	Member	P. O. BOX 276	
Job Title: Registered Agent TROY EVANS 09/30/2022			INKOM, ID 83245	
Job Title: Registered Agent TROY EVANS 09/30/2022				
TROY EVANS 09/30/2022	, , , , , , , , , , , , , , , , , , , ,			
	Job Title: Registered Agent			
Sign Here Date	TROY EVANS		09/30/2022	
1 9	Sign Here		Date	