

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

For Office Use Only

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

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

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Due no later than: 10/31/2022

SOS Control Nu Limited Liability C		ling Status: Active-Existate Formed: 10/15/2013	•	ocale: ID
Name and Maili	ng Address: CHARLOTTE L.L.C.		(1) Add or Change Mailin	g Address:
Registered Age	nt (RA) and Registered Office	(RO) Address:	(2) Change RA and/or RC) Address:
CHARLOTTE RO 501 E 12TH AVE POST FALLS, IC				
(3) New Registe	Note: The Registered Offered Agent (RA) Signature:	ice address must be a physi		·
These will not be a	ccepted. Changes here will not af			
	Name	Business Addres	S	City, State, Zip
⊠Mgr	Charlotte Kodgers-Ku	e 501 E12	<u>U</u>	BSTFalls, Id \$38540
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(5) Signature:	hattel Rodgie -	Roe	(6) Date: / ()	1-2022
(7) Type/Print Name:	Charlette Redg	ers-Roe	(8) Title: Owsu	L M
Instructions: Legib	ly complete the form above. Sign and	date this form and return to th	e address provided above.	(