



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 06/30/2019

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.**

**SOS Control Number:** 558253

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 06/12/2017

**Formation Locale:** ID

**Name and Mailing Address:**

DJNB, L.L.C.

PO BOX 247

NAMPA, ID 83653

(1) Add or Change Mailing Address:

Change ZIP Code to:

83653-0247

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

DAVID J HOWERZYL

16800 ROSE BRIAR LANE

NAMPA, ID 83687

(2) Change RA and/or RO Address:

Change ZIP Code to:

83687-8428

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	DAVID J. HOWERZYL	16800 ROSE BRIAR LANE NAMPA ID USA	83687-8428
<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	NICOLE B. HOWERZYL	16800 ROSE BRIAR LANE NAMPA ID USA	83687-8428
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Handwritten Signature]*

(6) Date:

6-21-19

(7) Type/Print Name:

DAVID J. HOWERZYL

(8) Title:

MANAGER

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

B0026-4623 06/25/2019 2:37 PM Received by ID Secretary of State Lawrence Denney