	Idaho Limited Liability Company Annual Report Form File online at: sos.idaho.gov Return completed form within 30 d Idaho Secretary of State			l davs té
	Due no later than: 10/31/2019		Idano ocorolary of olato	
E to D			Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
Ann	ual Report: No filing fee			
SOS Contro	I Number: 330841	Filing Status: Active-Existing		
imited Liabil	lity Company (D)	Date Formed: 10/05/2011	Formation Locale: ID	l
Name and N	lailing Address:	(1) A	Add or Change Mailing Address:	
SOLDEN LC	DTUS LLC.			l
VEN HUA H	AWKINS			I
609 N CAR	LSBAD WAY			
BOISE, ID 8	33703-6420			
Registered	Agent (RA) and Register	ed Office (RO) Address: (2) C	Change RA and/or RO Address:	
-	AWKINS			
VEN HUA H	IAWKINS LISBAD WAY			
VEN HUA H 1609 N CAR				
VEN HUA H 1609 N CAR	LSBAD WAY			
VEN HUA H 1609 N CAR	LSBAD WAY 33703 (ADA COUNTY)	istered Office address must be a physical Ida	aho address (no postal box).	
WEN HUA H 1609 N CAR 30ISE, ID 8	LSBAD WAY 33703 (ADA COUNTY) Note: The Reg		aho address (no postal box).	
WEN HUA H 4609 N CAR 30ISE, ID 8	LSBAD WAY 33703 (ADA COUNTY)	ature:	aho address (no postal box). above, the new agent must sign here to accept the ap	
WEN HUA H 1609 N CAR 30ISE, ID 8 3) New Reg 4) Limited Lia	LSBAD WAY 33703 (ADA COUNTY) Note: The Reg gistered Agent (RA) Signa ability Companies: Enter nam	If a new agent is appointed in item (2) a ues and addresses of Managers OR Membe	above, the new agent must sign here to accept the ap ers. Do NOT put 'same as last year' or 'sam	<i>pointment.</i> ne as abo
WEN HUA H 4609 N CAR 30ISE, ID 8 3) New Reg 4) Limited Lia	LSBAD WAY 33703 (ADA COUNTY) Note: The Reg gistered Agent (RA) Signa ability Companies: Enter nam be accepted. Changes here	If a new agent is appointed in item (2) a ues and addresses of Managers OR Membe	above, the new agent must sign here to accept the ap ers. Do NOT put 'same as last year' or 'sam f more space is needed, please add an atta	<i>pointment.</i> ne as abo

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

HUA HAWKINS

Mgr Mem

Mgr Mem Mgr Mem Mgr Mem Mgr Mem

Mgr Mem

(5) Signature: Mu

(7) Type/Print Name:

(6) Date: 9/26/19 (8) Title: Managle. State