



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 04/30/2019

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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: 41355

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/20/1999

Formation Locale: ID

Name and Mailing Address:

COUNTRY PLAZA PARTNERS, L.L.C.
PO BOX 2908
HAYDEN, ID 83835

(1) Add or Change Mailing Address:

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

MJE LLC
421 E CLOVERLEAF DR
HAYDEN LAKE, ID 83835

(2) Change RA and/or RO Address:

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PERRY FINLEY + TERRY FINLEY	9297 N. Government Way # A	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LARRY BATEHOLDEN	1505 E. HAYDEN AVE.	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	EO + LIZ FEHRINGER	11296 N. LEISURE PLACE DR.	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DON + RENAE FEHRINGER	3508 E. WILSON TURKEY TRAIL	COEUR D'ALENE, ID 83813
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAULINE R. SHERMAN HALL		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	TRUST OF THE PAULINE R. SHERMAN SEPARATE PROPERTY		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	REVOCABLE LIVING TRUST	P.O. BOX 1854, POST FALLS, ID	POST FALLS, ID 83877
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MJE, LLC	P.O. BOX 2908	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Marilyn J. Eaves

(6) Date: 4/19/19

(7) Type/Print Name: MARILYN J. EAVES

(8) Title: COUNTRY PLAZA PARTNERS, LLC MEMBER

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