



# 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:** 134521

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 06/30/2005

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

LINTON FAMILY, LLC  
3334 HIGHWAY 57  
PRIEST RIVER, ID 83856

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

(2) Change RA and/or RO Address:

JOANN M LINTON  
3334 HIGHWAY 57  
PRIEST RIVER, ID 83856

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	Joann M. Linton	3334 Hwy. 57	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Daniel S. Linton	1495 Riverbide Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Gregory D. Linton	P.O. Box 2377	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Joann M. Linton

(6) Date:

6-18-2019

(7) Type/Print Name:

JOANN M. LINTON

(8) Title:

MANAGER

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

B0256-8069 06/20/2019 9:38 AM Received by ID Secretary of State Lawrence Denney