





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 \_\_\_\_

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File #: 0005361531

Date Filed: 8/11/2023 6:25:14 PM

| Entity Name and Mailing Address:  |                        |  |           |
|---|------------------------|--|-----------|
| Entity Name:  |                        | Moose Crossing RV Campground LLC             |           |
| The file number of this entity on the records of the Idaho Secretary of State is: |                        | 0003631116                                   |           |
| Address   |                        | 3798 N US HIGHWAY 93<br>MOORE, ID 83255-8725 |           |
| Entity Details:   |                        |  |           |
| Entity Status   |                        | Active-Existing                              |           |
| This entity is organized under the laws of:                                       |                        | IDAHO  |           |
| If applicable, the old file number of this en the Idaho Secretary of State was:   | tity on the records of |  |           |
| The registered agent on record is:  |                        |  |           |
| Registered Agent  |                        | LEGALCORP SOLUTIONS LLC                      |           |
|   |                        | Commercial Registered Agent Physical Address |           |
|   |                        | 800 W MAIN ST STE 1460                       |           |
|   |                        | BOISE, ID 83702                              |           |
|   |                        | Mailing Address                              |           |
|   |                        | 800 W MAIN ST STE 1460                       |           |
|   |                        | TRAVIS CRABTREE                              |           |
|   |                        | BOISE, ID 83702                              |           |
| Agent or Address Change   |                        |  |           |
| Select if you are appointing a new agent.   |                        |  |           |
| Limited Liability Company Managers and Members                                    |                        |  |           |
| Name  | Title                  | Business A                                   | \ddress   |
| MaryAnn Riggi   | Member                 | PO BOX 650<br>MOORE, ID 83255                |           |
| John Riggi  | Member                 | PO BOX 650<br>MOORE, ID 83255                |           |
|   |                        |  |           |
| The annual report must be signed by an authorized signob Title: Member            | ner of the entity.     |  |           |
|   |                        |  |           |
| MaryAnn Riggi   |                        | 08,  | 2/11/2023 |
| Sign Here   |                        | Dat  | te        |