

Idaho Limited Liability Company Annual Report Form

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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

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Annua	Report: No ming lee ii i	received by the due date.	Due no later than:	10/31/2024
SOS Control Number: 64706		Filing Status: Active-Existing	Farman Cara Lacada a ID	
Limited Liability Company (D)		Date Formed: 10/29/2001	Formation Locale: ID	D .
Name and Mai CHALLIS RANG 626 PIVA LN CHALLIS, ID 8	CHILC	(1)	Add or Change Mailing Address:	4. KG 411
Registered Ag JOE A PIVA 626 PIVA LN CHALLIS, ID 8	ent (RA) and Registered	Office (RO) Address: (2)	Change RA and/or RO Address:	
	tered Agent (RA) Signatu	If a new agent is appointed in item (2	daho address (no postal box). above, the new agent must sign here to accept the bers. Do NOT put 'same as last year' or 's	same as above'
These will not be	accepted. Changes here wi	Il not affect the entity mailing address.	If more space is needed, please add an a	attachment.
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem Mgr Mem	Jos A Ripa	626 Rive 1	ANG Challis War	10 83J26
(5) Signature:	Just A. T.	(6)	Date: 11/6/2014	- Y
(7) Type/Print Nam	e: (Jos A.	Piva (8)	Title: MANA GER	
Instructions: Leg	ibly complete the form above. S	ign and date this form and return to the ad	fress provided above.	Н