



## **Idaho Limited Liability Company Annual Report Form**

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Due no later than: 06/30/2019

| Return | completed | form v | within | 30 | days | to: |
|--------|-----------|--------|--------|----|------|-----|

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

| Annua              | l Report: No filing fee if    | · ·                                      | Boise, ID 83720               |                                     |              |
|--------------------|-------------------------------|--|-------------------------------|-------------------------------------|--------------|
| <u> </u>           | <del></del>                   |  | Phone: (20                    | 08) 334-2300                        | 2            |
| SOS Control N      | lumber: 235285                | Filing Status: Active-Exis               | tina                          |                                     | Ŋ            |
|                    |                               | Date Formed: 06/06/2008                  | •                             | Locale: ID                          | 2            |
|                    |                               | Date Formed, 00/00/2006                  |                               | ation Locale: ID                    |              |
| Name and Mai       | iling Address:                |  | (1) Add or Change Mail        | ing Address:                        |              |
| GROUSE HOL         | LOW INVESTMENTS LL            | C  |                               |                                     | 2            |
| 145 N 3729 E       |                               |  |                               |                                     | N            |
| RIGBY, ID 834      | 142                           |  |                               |                                     | 2            |
|                    |                               |  |                               |                                     | AM           |
| Registered Ag      | ent (RA) and Registered       | l Office (RO) Address:                   | (2) Change RA and/or f        | RO Address:                         | <u>7</u>     |
| <b>GEORGE POP</b>  | PIEN                          |  |                               |                                     | U<br>(P      |
| 145 N 3729 E       |                               |  |                               |                                     | o o          |
| RIGBY, ID 834      | 142                           |  |                               |                                     | ive          |
|                    |                               |  |                               |                                     |              |
|                    | Note: The Begin               | torned Office address must be a abuse    | ioni Idaha addessa (no a      | ontal how                           | <b>_</b>     |
|                    | Note. The Regist              | tered Office address must be a phys      | ical luano audiess (no p      | OSIAI DOX).                         | Λq           |
| (3) New Regis      | tered Agent (RA) Signat       |  |                               |                                     |              |
|                    |                               | If a new agent is appointed in it        | em (2) above, the new agen    | i must sign here to accept the appo | antment =    |
| (4) Limited Liabil | ity Companies: Enter name:    | s and addresses of Managers OR I         | Members. Do NOT put           | 'same as last year' or 'same        | as above'    |
| These will not be  | accepted. Changes here w      | ill not affect the entity mailing addr   | ess. If more space is n       | eeded, please add an attach         | ıment. 💯     |
| Manager/Member     | Manager/Member Name           |  | Business Address .            |                                     | Ω            |
| Mgr Mem            | George Pople                  | 145 N 3729                               | E Kiden I) 8                  | Rinky ID43                          | 442-0        |
| ☐ Mgr <b>⊠</b> Mem | Lesley 21EL                   | 3780 E mis                               | helle st                      | Date Falls In &                     | 3401         |
| Mgr 🙀 Mem          | Melania CIARI                 | C 128N 4010                              | 2                             | Richa ED 834                        | 42 5         |
| Mgr Mem            |                               |  |                               | • / ·                               | <b>Ч</b>     |
| Mgr Mem            |                               |  |                               |                                     | 0            |
| Mgr Mem            |                               |  | <u> </u>                      |                                     | Ĥ            |
| Mgr Mem            |                               |  |                               |                                     | S)           |
| Mgr Mem            |                               |  |                               |                                     | <del>y</del> |
| Mgr Mem            |                               |  |                               |                                     | ंत           |
| Mgr Mem            |                               |  |                               |                                     | <u> </u>     |
| Mgr Mem            |                               | <u> </u>                                 |                               |                                     |              |
|                    | 11                            |  |                               |                                     | awe          |
| (5) Signature:     | Man Fine                      |  | (6) Date: 6 - 8 -             | 2019                                | <u> </u>     |
|                    |                               | •  | (6) Date: 8 - (8) Title: 100  |                                     |              |
| (7) Type/Print Nam | 10: Cacarae to                | PICH                                     | (8) Title:                    |                                     | <u> </u>     |
| Instructions: Led  | ibly complete the form above. | Sign and date this form and return to th | )<br>e address provided abov∈ | <b>3</b>                            | . O          |
|                    |                               | _  | •                             |                                     | -            |