



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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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:

(1) Add or Change Mailing Address:

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

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

(2) Change RA and/or RO Address:

MJE, L.L.C.
421 E CLOVERLEAF DR
HAYDEN LAKE, ID 83835

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
☐ Mgr ☒ Mem	PERRY FINLEY + TERRY FINLEY	9297 N. GOVERNMENT WAY #A	HAYDEN, ID 83835
☐ Mgr ☒ Mem	LARRY BATCHELDER	1503 E. HAYDEN AVE	HAYDEN, ID 83835
☐ Mgr ☒ Mem	ED + LIZ FEHRINGER	2179 BOOIE CANYON RD	PRIEST RIVER, ID 83856
☐ Mgr ☒ Mem	DAN + RENAE FEHRINGER	3508 E. WILD TURKEY TRAIL	COEUR D'ALENE, ID 83815
☐ Mgr ☒ Mem	MJE, LLC	P.O. Box 2908	HAYDEN, ID 83835
☐ Mgr ☒ Mem	PAULINE R. SHERMAN HALL	P.O. Box 1854	POST FALLS, ID 83877
☐ Mgr ☐ Mem	TRUST OF THE PAULINE R.		
☐ Mgr ☐ Mem	SHERMAN REVOCABLE		
☐ Mgr ☐ Mem	LIVING TRUST		
☐ Mgr ☐ Mem			
☐ Mgr ☐ Mem			

(5) Signature: Marilyn J. Eaves

(6) Date: 4/9/24

(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.

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