



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 09/30/2019

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: 625761

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/12/2018

Formation Locale: ID

Name and Mailing Address:

HARTIG'S RV PARK AND CABINS, LLC
168 TIMBERLINE DR
PIERCE, ID 83546-5000

(1) Add or Change Mailing Address:

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

RONALD HARTIG
168 TIMBERLINE DR
PIERCE, ID 83546

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Ronald W. Hartig

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 checked="" type="checkbox"/> Mem	Ronald Hartig	168 Timberline	Pierce, ID 83546
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Robert Hartig	1102 N. Harlequin Dr.	Post Falls, ID 83854
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Thomas Hartig	914 Belle	Lewiston, ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Gary Hartig	1828 Birch	Lewiston, ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bonnie Hopkins	2389 Ridgefield Dr.	Clarkston, WA 99402
<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:

Ronald W. Hartig

(6) Date:

9-25-19

(7) Type/Print Name:

Ronald W. Hartig

(8) Title:

Manager

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

B0357-0477 09/27/2019 9:04 AM Received by ID Secretary of State Lawrence Denney