



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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-**

File #: 0004886602

Date Filed: 9/6/2022 11:14:00 AM

Due no later than: 07/31/2022

**Annual Report: No filing fee if received by the due date.**

**SOS Control Number:** 513015

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 07/15/2016

**Formation Locale:** ID

### Name and Mailing Address:

MOUNTAIN RIVER SALERS RANCH, LLC  
PO BOX 128  
INKOM, ID 83245-0128

(1) Add or Change Mailing Address:

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

W DAVID PHILLIPS  
547 E LOWER CREEK RD  
INKOM, ID 83245

(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:

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 type="checkbox"/> Mem	W DAVID PHILLIPS	547 E Lower Rock Creek Rd	INKOM, ID 83245
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TROY PHILLIPS	547 E Lower Rock Creek Rd	INKOM, ID 83245
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	WYATT PHILLIPS	547 E Lower Rock Creek Rd	INKOM, ID 83245
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B0732-1650 09/06/2022 11:14 AM Received by ID Secretary of State Lawrence Denney