



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: 253334

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Limited Liability Company (D)

Date Formed: 02/02/2009

Formation Locale: ID

Name and Mailing Address:

DALLAS H. & THERESA M. ARNELL RANCH, LLC
40 N 100 E # 53
SAINT CHARLES, ID 83272-5402

(1) Add or Change Mailing Address:

Dallas H + Theresa M. Arnell Ranch, LLC
40 N. 100 E. P.O. Box 53
St. Charles, ID 83272-0053

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

DALLAS H ARNELL
40 N 100 E
SAINT CHARLES, ID 83272

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dallas H. Arnell	40 N. 100 E P.O. Box 53	St. Charles, ID 83272-0053
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Theresa M. Arnell	40 N. 100 E. P.O. Box 53	St. Charles, ID 83272-0053
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Daryl D Arnell	528 W 6600 S.	Meridian UT 84319
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bryan Arnell	1422 South Center St	Wellsville, UT 84339
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Reck Arnell	735 W 2600 So.	Tulley UT 84321
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<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:

Dallas H. Arnell

(6) Date:

1-16-2024

(7) Type/Print Name:

DALLAS H. ARNELL

(8) Title:

Member

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

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