



# Idaho Limited Liability Company Annual Report Form

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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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Date Filed: 4/24/2025 9:18:00 AM

Due no later than: 01/31/2026

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

SOS Control Number: 221643  
Limited Liability Company (D)

Filing Status: Active-Existing  
Date Formed: 01/11/2008

Formation Locale: ID

**Name and Mailing Address:**

KERSTEIN, LLC  
2100 ARTESIAN RD  
EAGLE, ID 83616-5645

(1) Add or Change Mailing Address:

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

CHESTER C KERSTEIN  
2100 ARTESIAN RD  
EAGLE, ID 83616

(2) Change RA and/or RO Address:

JoAnn Kerstein  
2100 Artesian Rd.  
Eagle, ID 83616

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

**(3) New Registered Agent (RA) Signature:**

*JoAnn Kerstein*  
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	Chester and JoAnn Kerstein Trust, Dated 7/12/1990	2100 Artesian Rd.	Eagle ID 83616
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	JoAnn Kerstein	2100 Artesian Rd.	Eagle ID 83616
<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			

(5) Signature:

*JoAnn Kerstein*

(6) Date:

4-10-25

(7) Type/Print Name:

JoAnn Kerstein

(8) Title:

Manager

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