

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

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

For Office Use Only

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Limited Liability Company (D)		Da	ate Formed: 12	/20/2021	Formation Locale: ID		
Name and Mai R.A.M. Furnitur 2823 SUNFLON NAMPA, ID 83	e L.L.C. WER DR			(1) Add c	or Change Mailin	g Address:	
Registered Ag RANDY A. MOI 2823 SUNFLOV NAMPA, ID 83	WER DR	istered Office	(RO) Address	; (2) Chan	ge RA and/or R0	O Address:	
(4) Limited Liabili	tered Agent (RA)	Signature:	If a new agent is ap	be a physical Idaho a pointed in item (2) above agers OR Members. alling address. If mo	e, the new agent r	must sign here to acceps	or 'same as ab
Manager/Member Name			Business Address			City, State, Zip	
Mgr Mem Mgr Mem Mgr Mem	RAMY A.	MOE	2823	suntower	PE	NAMPA ID	E3686
Mgr Mem Mgr Mem Mgr Mem							
Mgr Mem							
Mgr Mem Mgr Mem Mgr Mem							
(5) Signature:	land a.	moe		(6) Date:	2-13-	1 23	
(7) Type/Print Name: RAWDY A. MOR				(8) Title: OWENER - OPERATOR			

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