

Idaho Limited Liability Company Annual Report Form

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State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Return completed form within 30 days to:

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.						Due no later th	 nan: 06/	30/2025
_		Status: Active-Existing		G Formation Locale: ID			2025	
Name and Mailing Address: FREEZER HOUSE, LLC (THE) LUZ M CORVERA 327 1ST ST N			(1) Add or Change Mailing Address:					11:28
NAMPA, ID 836	587-3396							AM
Registered Age LUZ M CORVEI 327 1ST ST N NAMPA, ID 836		ed Office (RC) Address:	(2) C	hange RA and/or F	RO Address:		Received
	Note: The Reg	stered Office ad	ddress must be a	a physical Ida	aho address (no p	ostal box).		Åq
(4) Limited Liabilit	ered Agent (RA) Signa cy Companies: Enter nam accepted. Changes here	If a no	ses of Manager	s OR Membe	ers. Do NOT put		r' or 'sam	ne as abbove'.
Manager/Member	Name	Business Address			City, State, Zip			
Mgr Mem	D. A.	Contero	327	(6) D	ate: 5	16-262	Id	මරිණි the Idaho Secretar
(7) Type/Print Name	: Luz Mari	a Curv	lera.	(8) Ti			<u>ں</u>	_₹

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