



(5) Signature:

(7) Type/Print Name:

## **Idaho Limited Liability Company Annual Report Form**

F	₹e	turn	comp	pleted	form	within	30	days	to
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	Due on/Before: 12/31/20	•	Return completed form within 30 days to: Idaho Secretary of State		
		, ,	Attn: Annual Reports 450 North 4th Street	<b>⊢</b>	
	ort: No filing fee if recei	-	Boise, ID 83702	(	
If reinstatem	nent is required, the reinsta	atement fee is \$30.00.	Phone: (208) 334-2300	<u>د</u> ک	
SOS Control	Number: 367960	Filing Status: Active-Existing		, ·	
Limited Liabili	ty Company (D)	Date Formed: 12/12/2012	Formation Locale: ID	, e	
Name and M	alling Address.	(4) A	dd or Change Mailing Address:	Ö	
BURLEY GLA	ailing Address:	(1) A	dd of Change Mailing Address.	<b>j</b>	
1013 W 400	•			j	
HEYBURN, II	D 83336			4 0	
				A	
Registered A	Agent (RA) and Registere	ed Office (RO) Address: (2) C	hange RA and/or RO Address:		
CLINTON J K				7. e.	
1013 W 400	-			Ω Ω	
HEYBURN, II	D 83336			i Ve	
				o A	
	Note: The Regi	stered Office address must be a physical Ida	nho address (no postal box).	•	
(3) New Regi	istered Agent (RA) Signa	ture:		λq	
(4) Limited Lial These will not t	pility Companies: Enter name	es and addresses of Managers OR Membe will not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'same more space is needed, please add an attach	as aboveH ment.	
Manager/Membe	Pr Name	Business Address	City, State, Zip		
Mgr Mem	Leslie C. Ke	rr 1029 Overland	Ave Burley od 83	3318 B	
⊠Mgr ☐ Mem	Clinton J. K.	err 1029 Overland	Turity of	3318	
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Mgr Mem	'	1		1	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

(6) Date:

(8) Title:

Lawerence Denney

State