



Oort Form 87.77 Return completed form within 30 days to:77 **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

Attn: Annual Reports

Idaho Secretary of State

| Annual Report: No filing fee if received by the due date. | | | 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 | | , T |
|---|---|--|--|---|----------------------------------|
| SOS Control Number: 257136 Limited Liability Company (D) | | Filing Status: Active-Existing Date Formed: 03/18/2009 | ng | ormation Locale: ID | |
| Name and Mailing Address: DDS MANAGEMENT LLC 255 HORROCKS DR BLACKFOOT, ID 83221-3449 | | | (1) Add or Change Mailing Address: DDS MANAGE MENT LLC 255 HORROCKS Drive Blackfoot, ID 83221 | | |
| Registered Agent (RA) and Registered Office DRAY S CLARK 255 HORROCKS DR BLACKFOOT, ID 83221 | | ffice (RO) Address: d Office address must be applysica | (2) Change RA and/or RO Address: DRAY S Clark 255 HORROCKS Drive Blackfoot, ED 8322/ | | 70 60 60 70 70 70 |
| (4) Limited Liabili | tered Agent (RA) Signature ty Companies: Enter names ar | il a new agent is appointed in item and addresses of Managers OR Me | n (2) above, the new agent embers. Do NOT put | f must sign here to accept the appoint | as above |
| Manager/Member Name | | | iffect the entity mailing address. If more space is n Business Address | | nent. |
| Mgr Mem | DAVID M. Clark Sandra M. Clark Clark | 307 Likac | | City, State, Zip Blackfort, TD Blackfort, TD -2020 | B322 |
| (7) Type/Print Name: DR Ny S, Clark | | | (8) Title: | -2020 MANAGEL | |
| Instructions: Lea | ibly complete the form above. Sign | n and date this form and return to the | | | (|