



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

For Office Use Only

-FILED-

File #: 0005333708

Date Filed: 7/26/2023 9:22:00 AM

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

Due no later than: 07/31/2023

SOS Control Number: 618060

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/10/2018

Formation Locale: ID

Name and Mailing Address:

JONES PROPERTIES LLC
PO BOX 527
CASCADE, ID 83611-0527

(1) Add or Change Mailing Address:

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

JUDY SHOPLOCK
32 JOSHUA DR
CASCADE, ID 83611

(2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	JUDY SHOPLOCK	PO BOX 527 (32 JOSHUA) DR	CASCADE, ID 83611
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

J. Shoplock

(6) Date:

July 22, 2023

(7) Type/Print Name:

JUDY SHOPLOCK

(8) Title:

OWNER

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

B0823-0593 07/26/2023 9:22 AM Received by Office of the Idaho Secretary of State