



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 02/28/2019

Reporting Year: 2018

port Form Return completed form within 30 days to: U Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.					Phone: (208) 334-2300			
SOS Control Number: 451048 Limited Liability Company (D)			Status: Active-Exi	Ū	Formation Locale: ID			
Name and Mai REAL "C", LLC 20255 APRICO CALDWELL, ID	ling Address: (THE) T LANE				Change Mail			
BRENDA Y ESC 20255 APRICO CALDWELL, ID	T LANE 83607 Note: The Regi	istered Office ac	D) Address:	TOTAL CONTINUE VALLE AND	e RA and/or F			
	ered Agent (RA) Signa	lf a n				must sign here to accept the ap		
(4) Limited Liabilit These will not be	ty Companies: Enter name accepted. Changes here	es and address will not affect tl	ses of Managers OR ne entity mailing add	Members. I	Do NOT put e space is n	'same as last year' or 'sam eeded, please add an attad	ne as above chment.	
Manager/Member	Name		Business Address			City, State, Zip		
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(5) Signature: Sunda Ergun ((6) Date:	(6) Date: 3-8-19 (8) Title: Manger			
(7) Type/Print Name	Brendo Y.	Esquir	eO	(8) Title:	Man	ger.		
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

Denney