File online at: sos.Jdaho.gov       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Iden no later than: 07/31/2019       Return completed form within 30 days to:         Mark and Report: No filling fee if received by the due date.       Phone: (208) 334-2300         ODS Control Number: 469094       Filling Status: Active-Existing       Dimeter Status: Active-Existing         Imited Liability Company (D)       Date Formed: 07/27/2015       Formation Locale: ID         Name and Mailing Address:       (1) Add or Change Mailing Address:         COE UR DA LENE, ID 83815       Coel UR DA LENE, ID 83815         Research (RA) and Registered Office (RO) Address:       (2) Change RA and/or RO Address:         Obte: The Registered Office address must be a physical Idaho address (no postal box).         3) New Registered Agent (RA) Signature:       If a page/idaho address of Managers		daho Limite	-	Sompany Annu	al Rep			<b>00</b> data (a.
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STB LLC       70 E NEIDER         YOE URD A LENE, ID 83815         Registered Agent (RA) and Registered Office (RO) Address:       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         AVE C CLARK       (2) Change RA and/or RO Address:         Note: The Registered Office address must be a physical Idaho address (no postal box).         B) 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.         It an new agent is appointed in item (2) above. the new agent must sign here to accept the appointment.       If a new agent is appointed in item (2) above. the new agent must sign here to accept the agontiment.         (1) Untited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above here will not affect the entity mailing address. If more space is needed, please add an attachment.         (2) Mare	imited Liability	Company (D)	Date	e Formed: 07/27/2015		Formation	Locale: ID	
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AVE C CLARK         Y0 E NEIDER AVE.         DEURD'ALENE, ID 83815         Note: The Registered Office address must be a physical idaho address (no postal box).         ) 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.         Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above ese will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.         Inager/Member       Name         Mgr       Mgr         Mgr       Mgr         Mgr       Mgr         Mgr       Manager/Member         Mgr       Mgr         Mgr       Mem         Mgr </th <th>egistered Aa</th> <th>ent (RA) and Red</th> <th>istered Office (I</th> <th>RO) Address:</th> <th>(2) Chan</th> <th>ge RA and/or l</th> <th>RO Address:</th> <th></th>	egistered Aa	ent (RA) and Red	istered Office (I	RO) Address:	(2) Chan	ge RA and/or l	RO Address:	
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