



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 07/31/2021

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

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

SOS Control Number: 324099

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/18/2011

Formation Locale: ID

**Name and Mailing Address:**

HEITSTUMAN LAKE FAMILY HOME, LLC.

~~PO BOX 91~~

COLTON, WA 99113-0091

(1) Add or Change Mailing Address:

Heitstuman Lake Family Home LLC  
1008 Jacob Dr.  
Colton, WA 99113-0091

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

SHANNON BERRY

3432 5TH ST

LEWISTON, ID 83501

(2) Change RA and/or RO Address:

Martha Heidenreich  
1015 W. Geneva Lane  
Worley, Id 83876

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

**(3) New Registered Agent (RA) Signature:**

*Martha Heidenreich*

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	Nancy Heitstuman	1008 Jacob Dr	Colton, WA 99113
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Brenda Wolf	2351 SR 195	Uniontown, WA 99179
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Rick Heitstuman	Box 91	Colton, WA 99113
<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:

*Nancy Heitstuman*

(6) Date:

7/22/2021

(7) Type/Print Name:

Nancy Heitstuman

(8) Title:

Manager

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

B0626-0661 07/26/2021 12:29 PM Received by ID Secretary of State Lawrence Denney