



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 10/31/2019

eport Form

Return completed form within 30 days to A
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.			Boise, ID 83720 Phone: (208) 334-2300	60 /
		Filing Status: Active-Existing Date Formed: 10/02/2014	Formation Locale: ID	2019
Name and Ma T.J.L. PROPER 56 E 100 N MALAD, ID 83	RTIES L.C.	(*)	1) Add or Change Mailing Address:	9 3:09 P
Registered Ag TARREL DAVI 56 E 100 N MALAD, ID 83		ice (RO) Address:	2) Change RA and/or RO Address:	PM Received
(4) Limited Liabil	tered Agent (RA) Signature:	If a new agent is appointed in item I addresses of Managers OR Mei	(2) above, the new agent must sign here to accept the mbers. Do NOT put 'same as last year' or 's	same as abov € .
These will not be accepted. Changes here will not af Manager/Member Name		Business Address	City, State, Zip	Illachment. Q
Mgr Mem Mgr Mem	TARREL DAVIS	SUE 100N	MALAD TOS	40 8325 P
Mgr Mem Mgr Mem Mgr Mem Mgr Mem	LANETTE GRAM	ye 17950 300	E LINCON UT	5406Z H
Mgr Mem Mgr Mem				######################################
Mgr Mem (5) Signature:	foref Man	(6	5) Date: 10 -7 - 19	Lawerence
Type/Print Nam	e: TARRIL DAUS	(8	3) Date: 10-7-19 3) Title: PRosident	a c

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