



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 03/31/2021

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: 190675

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/01/2007

Formation Locale: ID

**Name and Mailing Address:**

WILDHORSE COULEE RANCH, LLC

3751 N 1900 E

FILER, ID 83328-5241

(1) Add or Change Mailing Address:

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

DONALD L WRIGHT

3751 N 1900 E

FILER, ID 83328

(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	DONALD L. WRIGHT	3751 N 1900 E	FILER, ID 83328
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DENNIS CHAD WRIGHT	2056 E MEADOW CREEK	MERIDIAN, ID 83644
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MONICA LYNN WRIGHT	763 WALNUT STREET NORTH	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JULIE MARTINEZ	HC 33 BOX 33391	ELY, NV. 89301
<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: Donald L. Wright

(6) Date: FEB 12, 2021

(7) Type/Print Name: DONALD L. WRIGHT

(8) Title: owner / manager

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

B0578-3175 02/16/2021 1:15 PM Received by ID Secretary of State Lawrence Denney