



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 07/31/2019

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: 88342

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/08/2003

Formation Locale: ID

**Name and Mailing Address:**

LEXOLA LLC

4937 N HOLLOW LANE

BOISE, ID 83702

(1) Add or Change Mailing Address:

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

BRADFORD PAINE SHAW

4937 N HOLLOW LANE

BOISE, ID 83702

(2) Change RA and/or RO Address:

Bradford Paine Shaw  
passed away June 15, 2019.  
M. Camille Shaw  
4937 N. Hollow Lane  
Boise, ID 83702

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

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

M. CAMILLE SHAW

M. Camille Shaw

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	M. Camille Shaw	4937 N. Hollow Lane	Boise, ID 83702
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

M. Camille Shaw

(6) Date:

07/22/19

(7) Type/Print Name:

M. Camille Shaw

(8) Title:

Member

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

B0026-8114 07/26/2019 4:22 PM Received by ID Secretary of State Lawrence Denney