



# Idaho Limited Liability Company Annual Report Form

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



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

For Office Use Only

**-FILED-**

File #: 0006138870

Date Filed: 3/3/2025 4:04:00 PM

Due no later than: 03/31/2025

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

SOS Control Number: 452778

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/06/2015

Formation Locale: ID

**Name and Mailing Address:**

BAKER COUNTRY MARKET, LLC

7 N BAKER RD

SALMON, ID 83467-5170

(1) Add or Change Mailing Address:

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

PAUL MILLER

892 HIGHWAY 28

SALMON, ID 83467

(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	Paul D Miller	892 Hwy 28	Salmon, Id 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Maria A Miller	892 Hwy 28	Salmon, Id 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Michael HeStetter	15 Skinner Lane	Salmon, Id 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Eric P Miller	20 Wimper Crk Rd	Salmon, Id 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Rosetta Beachy	277 Red Rock Stage Road	Salmon, Id 83467
<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:

*Eric Miller*

(6) Date:

3-3-25

(7) Type/Print Name:

Eric Miller

(8) Title:

Member

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

B09990-1085 03/03/2025 4:04 PM Received by Office of the Idaho Secretary of State