



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2020

Dort Form Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports

Annual	Report:	No filing f	ee if received by	the due date).	450 North 4t Boise, ID 83 Phone: (208	720	700
SOS Control N			_	Status: Active	_			
Limited Liability	Company —-	(D)	Date F	ormed: 10/03/	1996	Formation L	ocale: ID	•
Name and Mail TWO RIVERS I 51 W 450 N	_	ess:		(1) Add or Change Mailing Address:				
BLACKFOOT, I	D 83221-	5777						7
								ין ב
Registered Agent (RA) and Registered Office (RO) Address: R TODD LAMBERT On March 1988							O Address:	א מ מ
23 W 450 N BLACKFOOT, I	D 92224							Ĭ
BLACKFOOT, I	D 03221							n A
		Note: The f	Registered Office ac	ldress must be a	physical Idaho	address (no po	stal box).	b Y
(3) New Regist	ered Age	nt (RA) Si						
			If a ne	ew agent is appoint	ed in item (2) abo	ve, the new agent i	nust sign here to accept	the appointment
							same as last yea <mark>r'</mark> oi eded, please add ar	
Manager/Member	Name			Business Ad		<u> </u>	City, State, Zip	<u>9</u>
Mgr Mem	R. 7	odd	Lamber	51W6			Blackton	, Ide722
Mgr Mem		· · · · - · · ·						· ·
Mgr Mem								
Mgr Mem Mgr Mem								H
Mgr Mem								0
Mgr Mem								
Mgr Mem	-							
Mgr Mem								
Mgr Mem								<u>0</u>
(5) Signature:	Foll	Leur	nlf		(6) Date	e: <i>[[]</i>	22-	20
(7) Type/Print Name	1	Too	ld Lamb	ert	(8) Title	Ow	ver/n	1GP :
444	11.1			tala Kanna and ark		and the state of t	1	α

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