



Idaho Limited Liability Company Annual Report Form

File online at: 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 #: 0005039155

Date Filed: 12/23/2022 10:59:00 AM

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

Due no later than: 11/30/2022

SOS Control Number: 116437

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/17/2004

Formation Locale: ID

Name and Mailing Address:

GARGLEFISH, LLC
233 E JACKSON AVE
PRIEST RIVER, ID 83856-6526

(1) Add or Change Mailing Address:

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

LYNETTE C BRICE
233 E JACKSON AVE
PRIEST RIVER, ID 83856

(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 checked="" type="checkbox"/> Mem | LYNETTE C BRICE | 233 E JACKSON AVE | PRIEST RIVER, ID 83856 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | DAVID A BRICE | 233 E JACKSON AVE | PRIEST RIVER, ID 83856 |
| <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:

Lynette C. Brice

(6) Date:

12/19/22

(7) Type/Print Name:

Lynette C. Brice

(8) Title:

CEO / member

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

B0763-0824 12/23/2022 10:59 AM Received by Office of the Idaho Secretary of State