



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-

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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	MONICA WRIGHT	763 WALNUT ST. North	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DENNIS CHAD WRIGHT	2056 E. MEADOW CREEK DR.	MERIDIAN, ID 83642
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JULIE MARTINEZ	MC33 Box 33391	ELY, NV 89301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Donald L Wright

(6) Date:

2-16-23

(7) Type/Print Name:

DONALD L. WRIGHT

(8) Title:

Manager

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

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