



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2022

For Office Use Only

Return completed form within 30 days:

Idaho Secretary of State

FILED

Attn: Ann File #: 0004790169

450 North 4th Street

Boise, ID 83720 Date Filed: 6/23/2022 9:53:00 AM

Phone: (208) 334-2300

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

SOS Control Number: 3943439

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/20/2020

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

N3CS LLC

7913 W SNOHOMISH ST

BOISE, ID 83709-5988

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

(2) Change RA and/or RO Address:

STEVEN E HEIDENREICH

7913 W SNOHOMISH ST

BOISE, ID 83709

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	Steven Heidenreich	7913 W. Snohomish St.	Boise, ID 83709
<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:

Steven E. Heidenreich

(6) Date:

6/18/22

(7) Type/Print Name: Steven E. Heidenreich

(8) Title: President Manager

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

B06936-6889 06/23/2022 9:53 AM Received by ID Secretary of State Lawrence Denney