



## Dort Form Return completed form within 30 days to: **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Idaho Secretary of State

Annual Report: No filing fee if received by the due date.					Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
				Boise			
SOS Control N	umber: 557803	Filing S	Status: Active-Ex	isting			
Limited Liability	Company (D)	Date F	ormed: 06/08/201	17 Form	ation Locale: ID	F (	
Name and Mai ITALIAN PEAK 945 COUNTRY SUGAR CITY,	S LLC 'RD			(1) Add or Chang	e Mailing Address:	; ;	
Registered Ag JASON THOMA 945 COUNTRY SUGAR CITY, 1	ASON 'RD	istered Office (RO	) Address:	(2) Change RA a	nd/or RO Address:		
(4) Limited Liabili	tered Agent (RA)	if a ne	ew agent is appointed in ses of Managers Of	n item (2) above the ne	(no postal box).  v agent must sign here to accept the a  T put 'same as last year' or 'sar e is needed, please add an atta	me as above	
Manager/Member	Name		Business Addre	ess	City, State, Zip		
Mgr Mem	Jason T	Vioneson	945 Count		Sugar City ID	. 83448	
(7) Type/Print-Name		Thomason	n	(8) Title:	7-8-19 Ngr		
Instructions: Leg	ibly complete the form	above. Sign and date to	his form and return to	the address provided	above.	Ì	