



# Idaho Limited Liability Company Annual Report Form

For Office Use Only

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 09/30/2022

Return completed **-FILED-** 30 days before:

Idaho Secretary of State

Attn: Ann File #: 0004852951

450 North State Street, Suite 200

Boise, ID 83720

Phone: (208) 334-2300

B06936-9540 08/08/2022 10:35 AM Received by ID Secretary of State Lawrence Denney

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

SOS Control Number: 175766

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/26/2006

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

LOCUST GROVE ENTERPRISES #1, LLC

536 W BOGUS VIEW DR

EAGLE, ID 83616-5872

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

(2) Change RA and/or RO Address:

FRANKLIN L BRAMON

536 W BOGUS VIEW DR

EAGLE, ID 83616

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	FRANKLIN L. BRAMON	2011 NO. LOCUST GR. RD	MERIDIAN ID 83646
<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:

*Franklin L. Bramon*

(6) Date:

8-6-2022

(7) Type/Print Name:

FRANKLIN L. BRAMON

(8) Title:

OWNER & MGR.

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