



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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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Due no later than: 10/31/2024

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

SOS Control Number: 215001

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/29/2007

Formation Locale: ID

**Name and Mailing Address:**

WESTSIDE RANCHES, LLC  
2624 S INGLENOOK PL  
MERIDIAN, ID 83642-9029

(1) Add or Change Mailing Address:

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

DORIS ALLEN  
2624 S INGLENOOK PL  
MERIDIAN, ID 83642

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DORIS ALLEN	2624 S Inglebrook Pl	Meridian, ID 83642
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Josh Tolson	9017 W Halstead Dr	Boise ID 83704
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Doris Allen*

(6) Date:

10/9/2024

(7) Type/Print Name:

DORIS ALLEN

(8) Title:

Member

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

B0932-7300 10/09/2024 2:14 PM Received by Office of the Idaho Secretary of State