



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 144366

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/01/2005

Formation Locale: ID

## Name and Mailing Address:

RUGGLES L.L.C.

6171 FOOTHILL RD

STAR, ID 83669

(1) Add or Change Mailing Address:

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

CURTIS RUGGLES

6171 FOOTHILL RD

STAR, ID 83669

(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:

(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	CURTIS L. RUGGLES	6171 FOOTHILL RD	STAR ID 83669
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ALICE D. RUGGLES	6171 FOOTHILL RD	STAR ID 83669
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JESSE L. RUGGLES	6171 FOOTHILL RD	STAR ID 83669
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LEA J. WILSON	6171 FOOTHILL RD	STAR ID 83669
<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:

(6) Date: 11-28-18

(7) Type/Print Name:

(8) Title: MEMBER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0027-5721 11/30/2018 9:38 AM Received by ID Secretary of State Lawrence Denney