



# Idaho Limited Liability Company Annual Report Form

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

File #: 0005163602

Date Filed: 3/20/2023 3:12:00 PM

Due no later than: 04/30/2023

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

SOS Control Number: 231468  
Limited Liability Company (D)

Filing Status: Active-Existing  
Date Formed: 04/25/2008

Formation Locale: ID

**Name and Mailing Address:**

J PROPERTIES LLC  
PO BOX 527  
CASCADE, ID 83611-0527

(1) Add or Change Mailing Address:

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

JUDY A SHOPLOCK  
32 JOSHUA DR  
CASCADE, ID 83611

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | JUDY SHOPLOCK | PO BOX 527       | CASCADE, ID 83611 |
| <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: Judy Shoplock

(6) Date: March 14, 2023

(7) Type/Print Name: JUDY SHOPLOCK

(8) Title: OWNER

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

B0787-0361 03/20/2023 3:12 PM Received by Office of the Idaho Secretary of State