



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

Dort Form

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.				450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 459839 Limited Liability Company (D)		Filing Status: Active-Existing			
		Date Formed: 05/06/2015	Form	Formation Locale: ID	
Name and Mailing Address: 482 DRAGONFLY, LLC 416 E FOSTER AVE COEUR D ALENE, ID 83814-3045			(1) Add or Change Mailing Address:		
Registered Age KAREN L VAUG 416 FOSTER A COEUR D ALE	VE	(2) Change RA and/or RO Address:		7 0 0 1 4	
(4) Limited Liabili	ty Companies: Enter names an	If a new agent is appointed in it displays and displays and displays displays and displays are displayed and displays are displayed and displays are displayed as a second displayed and displayed and displayed are displayed as a second displayed and displayed and displayed are displayed as a second displayed are displayed as a second displayed and displayed are displayed as a second displayed and displayed as a second displayed and displayed are displayed as a second displayed and displayed are displayed as a second displayed as a second displayed are displayed as a second displayed as a second displayed are displayed as a second d	fem (2) above, the new	w agent must sign here to accept the appoint put 'same as last year' or 'same as is needed, please add an attachn	as above'.
Manager/Member	/Member Name Business Add		s	City, State, Zip	
Mgr ☐Mem	Karen Lunn Vauc	ANN 4110 FFOSTE	AUP	Coeurd Alene la	83814
Mgr Mem	Glenn Alani Vaugmu	416 E. FOSTE	(C) Date: 4/12	Coened Hiery, 1082	3814 N
(5) Signature:	Karen Vanoyhav		(6) Date: 4/20	1/2020	
(7) Type/Print Name: Karen Vaughn (8)				mage	
Instructions: Leg	ibly complete the form above. Sign	and date this form and return to t	ne address provided	above.	ţ