



# 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: 179174

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/02/2006

Formation Locale: ID

### Name and Mailing Address:

FAR NIENTE RANCH, LLC  
654 SPRINGER TERR  
LOS ALTOSTORLAI, CA 94024

(1) Add or Change Mailing Address:

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

MARIO BARBIERI  
#9 REECE CREEK RD  
LEMHI, ID 83465

(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	<del>Mario Barbieri</del>	<del>FAR NIENTE RANCH</del>	
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MARIO BARBIERI	654 SPRINGER TERR	LOS ALTOS CA 94024
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	SAMRA BARBIERI	654 SPRINGER TERR	LOS ALTOS CA 94024
<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: Mario Barbieri

(6) Date: 1-10-19

(7) Type/Print Name: Mario Barbieri

(8) Title: Owner Manager

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.

20027-9444 01/15/2019 9:42 AM RECEIVED BY ID SECRETARY OF STATE LAWRENCE DANNEY