



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

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2021

Dort Form

Return completed form within 30 days to

| Idaho Secretary of Sta |
|------------------------|
| Attn: Annual Reports   |
| 450 North 4th Street   |
| Boise ID 83720         |

| Annual Report: No filing fee if received by the due date.                                  |  |   |                                       | Boise, ID 83720<br>Phone: (208) 334-2300                             |             |
|--|--|---|---------------------------------------|--|-------------|
| SOS Control Number: 60273  |  | Filing Status: Active-Existi  | _                                     |  |             |
| Limited Liability Company (D)  |  | Date Formed: 05/21/2001   | Formation Lo                          | ocale: ID  | <u> </u>    |
| Name and Ma  | iling Address:   |   | (1) Add or Change Mailing             | Address:   | 9           |
|  | ITH OF HEAVEN, LLC   |   |                                       |  | 88          |
| 3861 W ANTE  |  |   |                                       |  |             |
| MOORE, ID 8  | 3255-8700  |   |                                       |  | R           |
|  |  |   |                                       |  | 刀           |
| Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: |  |   |                                       |  | ŭ           |
| LEEANN O MO  |  |   |                                       |  | ceived      |
| 3861 W ANTE  |  |   |                                       |  | 0           |
| MOORE, ID 8  | 3255   |   |                                       |  | Δ           |
|  |  |   |                                       |  | ላዋ          |
|  | Note: The Regist   | ered Office address must be a physic  | cal Idaho address (no pos             | tal box).  |             |
| (3) New Regis  | tered Agent (RA) Signati                                   | ure: NA   |                                       |  | U           |
|  |  |   | m (2) above, the new agent m          | ust sign here to accept the appointment.                             | Ŋ           |
| (4) Limited Liabil<br>These will not be  | lity Companies: Enter names<br>e accepted. Changes here wi | s and addresses of Managers OR M<br>ill not affect the entity mailing addre | fembers. Do NOT put 's                | ame as last year' or 'same as abov<br>ded, please add an attachment. | בי<br>הלילו |
| Manager/Member   | Name   | Business Address  | •                                     | City, State, Zip   | 0           |
| Mgr Mem  | LeeAnnMontes   | 3861 to Ant slage   | ed_                                   | Men ID 82255-8700  | 16          |
| Mgr Mem  | -  |   |                                       |  | ٠,          |
| Mgr Mem  |  |   |                                       | <u> </u>   | 0           |
| Mgr Mem  |  |   |                                       |  | Hh          |
| Mgr Mem  |  |   | · · · · · · · · · · · · · · · · · · · |  | ₩<br>62     |
| Mgr Mem  |  |   |                                       |  | ğ           |
| Mgr Mem  |  |   |                                       |  | Û           |
| Mgr Mem  |  |   |                                       |  | -           |
| Mgr Mem  |  | · · · · · · · · · · · · · · · · · · ·                                       |                                       |  | ğ           |
| Mgr Mem  |  |   |                                       | ·<br>•   | TOWER !     |
| (5) Signature:   | SetroM ander   |   | (6) Date: 5/6/2/                      | •  | 0           |
|  |  |   | (6) Date: 3   6   2                   |  | enc         |
| (7) Type/Print Name: LEEANN O MOATES   |  |   | (8) Title: MANAGER                    |  | Ö           |
|  |  |   |                                       |  | Ă           |

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