



Idaho Limited Liability Company Annual Report Form

File online at: 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 #: 0005076577

Date Filed: 1/20/2023 11:17:00 AM

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

SOS Control Number: 151933

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/23/2006

Formation Locale: ID

Name and Mailing Address:

HAWLEYS LLC

312 AMBER ST

CALDWELL, ID 83605-6267

(1) Add or Change Mailing Address:

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

JUDY HAWLEY

312 AMBER ST

CALDWELL, ID 83605

(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 | Harold Dean Hawley | 312 Amber St | Caldwell, Id 83605 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Judy E Hawley | 312 Amber St | Caldwell, Id 83605 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature:

Judy E Hawley

(6) Date:

1-14-23

(7) Type/Print Name:

Judy E Hawley

(8) Title:

Secretary-owner

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

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