



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-

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

SOS Control Number: 3334017

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/23/2018

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

243 White Sands, LLC
JIMMY AND SANDRA LATHROP
2751 CARIBOU WAY
POCATELLO, ID 83201-2732

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

(2) Change RA and/or RO Address:

JIMMY LATHROP
2751 CARIBOU WAY
POCATELLO, ID 83201 (BANNOCK COUNTY)

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	<i>Sandra Lathrop</i>	<i>2751 Caribou Way</i>	<i>Pocatello, ID 83201</i>
<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		<i>(243 White Sands LLC)</i>	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		<i>LLC address</i>	-
<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: *Sandra Lathrop*

(6) Date: *10/2, 122*

(7) Type/Print Name: *Sandra Lathrop*

(8) Title: *Member / Manager*

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

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