



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 08/31/2021

Dort Form Return completed form within 30 days to: Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports

Annual Report: No filing fee if received by the due date.			450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		17/26/
SOS Control Number: 623234 Limited Liability Company (D)		Filing Status: Active-Existing	Filing Status: Active-Existing Date Formed: 08/21/2018 Formation Locale: ID		2021
Name and Mai	iling Address: EASANT CAREGIVING, I	(1) A	(1) Add or Change Mailing Address:		
Registered Ag RENEE N DER 1809 E SUMMI MERIDIAN, ID	ERFALLS DR 83646	I Office (RO) Address: (2) O	Change RA and/or RO		Received b
(4) Limited Liabil These will not be	accepted. Changes here w	If a new agent is appointed in item (2) as and addresses of Managers OR Membrill not affect the entity mailing address. If	ers. Do NOT put 'sa f more space is need	me as last year' or 'same a ded, please add an attachm	s above
Manager/Member	Name	Business Address	7	City, State, Zip	<u> </u>
Mgr Mem	Kenee De Rock	1809 E Summer	Jalls Dr	Meridian. Tolo.bo E	o tate
Mgr Mem Mgr Mem					רֵי
(5) Signature:	Pense 17 6	Rock (6) D	ate: Guly	23rd 2021	awerenc
(7) Type/Print Nam	Benek N	De Rock (8) T	itle: CEC	1 Owner	
Instructions: Lea	aibly complete the form above.	Sign and date this form and return to the addre	ess provided above		· · · · ·