



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2020

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

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

SOS Control Number: 116276

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/12/2004

Formation Locale: ID

Name and Mailing Address:

COEUR D'ALENE BUSINESS CENTER, LLC

PO BOX 1057

POST FALLS, ID 83877-1057

(1) Add or Change Mailing Address:

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

GALE A KRIER

695 N MCDONALD CT

POST FALLS, ID 83854 (KOOTENAI COUNTY)

(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 checked="" type="checkbox"/> Mem	Gale A. Krier	695 N. McDonald Ct	Post Falls, Id 83854
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Linda R. Krier	695 N. McDonald Ct	Post Falls, Id 83854
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Gale A. Krier

(6) Date:

10/15/2020

(7) Type/Print Name:

Gale A. Krier

(8) Title:

Manager

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

B0538-6939 10/19/2020 10:40 AM Received by ID Secretary of State Lawrence Denney