



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.

Due no later than: 03/31/2023

SOS Control Number: 156333

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Limited Liability Company (D)

Date Formed: 03/06/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

DITTMAN FAMILY LLC

87541 HIGHWAY 3 N

ST MARIES, ID 83861-9456

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

(2) Change RA and/or RO Address:

MARY K DITTMAN

87541 HIGHWAY 3 N

ST MARIES, ID 83861

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	Steve Dittman	124 N. Grand Ave.	St. Maries, ID 83861
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sharilyn Johnston	622 Garden Tracts Rd.	St. Maries, ID 83861
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sonda McHail	11347 E. Oakura Rd.	Harrison, ID 83833
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sidnee Dittman	87541 Hwy-3 N.	St. Maries, ID 83861
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Paul Dittman	87401 Hwy 3 N.	St. Maries, ID 83861
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Mary Dittman

(6) Date:

3-21-23

(7) Type/Print Name:

Mary Dittman

(8) Title:

Reg. Agent

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

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