



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 04/30/2019

Return completed form within 30 days

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: 315971

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/08/2011

Formation Locale: ID

**Name and Mailing Address:**

LION & THE LAMB, LLC (THE)

5277 W KOOTENAI 101

BOISE, IDAHO, ID 83705

(1) Add or Change Mailing Address:

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

INCORP SERVICES, INC.

1310 S VISTA AVE STE 27

BOISE, ID 83705

(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	Shirley Vaughn	5277 W KOOTENAI	BOISE ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		ST #101	83705
<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			
<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:

Shirley Vaughn

(6) Date:

5-5-19

(7) Type/Print Name:

Shirley VAUGHN

(8) Title:

Manager

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

B0243-1658 05/10/2019 11:46 AM Received by ID Secretary of State Lawrence Denney