



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 08/31/2019

port Form Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.						450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
					·		
					Phone. (20	00) 334-2300	fint:
SOS Control Number: 623856 Filing			tatus:	Active-Existi	ng		(%) (%)
Limited Liability Company (D) Date		Date Fo	ormed:	08/27/2018	Formation	Locale: ID	je nase die Legis Gl
Name and Mai	ling Address:		•		(1) Add or Change Mai	ing Address:	Breville.
ABLE PROPER	RTY SERVICES, LLC						(S)
PO BOX 631							
DONNELLY, ID	83615						- Park
							1 /2 /5 5 /2 /5 5 /2 /5
Registered Age	ent (RA) and Registered (Office (RO) Addr	 ess:	(2) Change RA and/or	RO Address:	u Japan
JOANNA L RO	OP						
12846 HEREFORD ROAD							11
DONNELLY, ID 83615							jento Kari
							Ti
	Note [,] The Register	red Office ad	dress m	uet he a nhveic	a l Idab o address (no p	netal hov)	i C
		7	arcoo m		an radio address (no p	ostal box).	y Cut
(3) New Regist	ered Agent (RA) Signatur		m	~ J- J)60/C:		
				·	· · · · · · · · · · · · · · · · · · ·	t must sign here to accept the appo	, Sulf
(4) Limited Liabili These will not be	ty Companies: Enter names a accepted. Changes here will	and address	es of M	anagers OR M mailing addre	embers. Do NOT put	'same as last year' or 'same	as above
Manager/Member	Name			ess Address		City, State, Zip	(*)
Mgr Mem	Joanna L. V	Ria		5000	rejetord Rd	1 ()	<u> </u>
Mgr Mem	South a Li	100K		23/0/1/	ererou my	Donnelly 1	
Mgr Mem						000	(40.4
Mgr Mem							114°
Mgr Mem				**********			Ę,
Mgr Mem					744.4		1.312
Mgr Mem							02 35
Mgr Mem							
Mgr Mem							
Mgr Mem							
Mgr Mem							
(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(5) Signature:	- Journe J-	5)6	2.		(6) Date: 10-2	0-19	ja-n j
(7) Type/Print Name	* Tocana)	ROOF	, 2		(8) Title:	tent mortners	(20) r (800 r (800 r
	CILICATION C.	7 1007			117.3.0	CILI MINOCIPPION	

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