



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 09/30/2019

oort Form Return completed form within 30 days lidaho 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	18/28/
SOS Control Number: 518530 Filir			g Status: Active-Exis	ting		201
Limited Liability Company (D) Date			e Formed: 09/07/2016		Formation Locale: ID	6
Name and Mai	ling Address:			(1) Ad	dd or Change Mailing Address:	
2715 NORTH I	·					
416 E FOSTER				100		2 3
COEUR D ALE	INE, ID 83814					ъ
						AM
Registered Agent (RA) and Registered Office (RO) Address:				(2) Ch	hange RA and/or RO Address:	Re
KAREN L VAU						Q
416 E FOSTER						e Pj
COEUR D ALE	NE, ID 83814					< e
						<u>o</u>
	Note: The Reg	istered Office	e address must be a phys	ical Idal	ho address (no postal box).	ÅФ
(3) New Regist	tered Agent (RA) Signa	ature:				· · · · · · · · · · · · · · · · · · ·
			a new agent is appointed in it	tem (2) at	bove, the new agent must sign here to accept the a	opointme nt.
					ers. Do NOT put 'same as last year' or 'sar more space is needed, please add an atta	
Manager/Member	Manager/Member Name		Business Address		City, State, Zip	- 6
Mgr Mem	Karen Lunn Vau	ughn	4110 F. Foster	_	4 11414	18384
Mgr Mem	Glenn Alan Van	ghn'	416 E. Foster	Ave	Cour d'Alene 1	08384
Mgr Mem		<u> </u>				
Mgr Mem						0
Mgr Mem						
Mgr Mem						ŭ
Mgr Mem						Ď
Mgr Mem		<u> </u>				- ct
Mgr Mem						·-
Mgr Mem	<u> </u>				<u> </u>	<u>b</u>
(E) Simplify	1/ 1/1	,		(C) D	an alandaria	- aweren ce
(5) Signature:	Karen Vanog	M		(6) Da	aie: 8/24/2019	
(7) Type/Print Nam	Karen Vang • Karen Vangl	hn_		(8) Titi	de: manager	
					, , , , , , , , , , , , , , , , , , ,	D C

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