



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 276968

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/18/2009

Formation Locale: ID

Name and Mailing Address:

MARSH CREEK ESTATES, LLC

3094 ADDISON AVE E

TWIN FALLS, ID 83301

(1) Add or Change Mailing Address:

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

JAY R MICKELSEN

3094 ADDISON AVE E

TWIN FALLS, ID 83301

(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:

(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	JAY R. MICKELSEN	3094 ADDISON AVE. E.	TWIN FALLS, ID. 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KILA MICKELSEN	3094 ADDISON AVE E.	TWIN FALLS, ID. 83301
<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:

Jay R. Mickelsen

(6) Date:

1-16-2019

(7) Type/Print Name:

JAY R. MICKELSEN

(8) Title:

MEMBER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0079-21147 01/22/2019 10:48 AM Received by ID Secretary of State Lawrence Denney