



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 08/31/2018

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:** 515473

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 08/04/2016

**Formation Locale:** ID

**Name and Mailing Address:**

CORRINE TAFOYA-FISHER EVALUATIONS LLC  
16 12TH AVE SO STE 201  
NAMPA, ID 83651

(1) Add or Change Mailing Address:

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

CORRINE TAFOYA-FISHER  
16 12TH AVE SO STE 201  
NAMPA, ID 83651

(2) Change RA and/or RO Address: *Hispanic Culture Center*  
*315 Stampede Dr*  
*Nampa, Id 83687*

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Corrine Tafoya Fisher	Hispanic Culture Center	Nampa Id
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		315 Stampede Dr	83687
<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: *Corrine Tafoya Fisher*

(6) Date: *11/8/18*

(7) Type/Print Name: *Corrine Tafoya-Fisher*

(8) Title: *owner*

**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.

B0079-0806 11/14/2018 10:18 AM Received by ID Secretary of State Lawrence Denney