



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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

Due no later than: 09/30/2022

SOS Control Number: 330223

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Limited Liability Company (D)

Date Formed: 09/28/2011

Formation Locale: ID

Name and Mailing Address:

T.A. "IS" RUNNINBARE L.L.C.
PO BOX 7113
KENNEWICK, WA 99336-0614

(1) Add or Change Mailing Address:

N/A

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

R. D. WATSON
5431 N GOVERNMENT WAY STE 101
COEUR D ALENE, ID 83815 (KOOTENAI COUNTY)

(2) Change RA and/or RO Address:

N/A

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

N/A

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	Timothy A. Bueh	P.O. Box 7113	Kennewick, WASH 99336
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Timothy A. Bueh	P.O. Box 7113	Kennewick, WASH 99336
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Timothy A. Bueh	P.O. Box 7113	Kennewick, WASH 99336
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Timothy A. Bueh	P.O. Box 7113	Kennewick, WASH 99336
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Timothy A. Bueh

(6) Date:

Sept 26, 2022

(7) Type/Print Name:

Timothy A. Bueh

(8) Title:

President

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

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