

## **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

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

For Office Use Only

## -FILED-

File #: 0005912839

Date Filed: 9/26/2024 3:35:00 PM

Due no later than: 09/30/2024

SOS Control Number: 5411009 Limited Liability Company (D) Name and Mailing Address:		ng Status: Active-Existing	1		
		e Formed: 09/20/2023	Formation L	ocale: ID	
		(1) Add or Change Mailing Address:			
TaLyn Neville LLC					
2478 N OLD BUTTE HWY					
HAMER, ID 83425			Same		
			Same		
Registered Agent (RA) ar	ıd Registered Office (	RO) Address: (2	2) Change RA and/or RC	) Address:	
TALYN NEVILLE					
2478 N OLD BUTTE HWY		Same			
HAMER, ID 83425		Samo			
l	Note: The Registered Offic	e address must be a physical	Idaho address (no pos	stal box).	
(3) New Registered Agen					
		f a new agent is appointed in item (	(2) above, the new agent n	nust sign here to accept the appointment.	
				same as last year' or 'same as abo eded, please add an attachment.	
Manager/Member Name		Business Address		City, State, Zip	
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(5) Signature: July /	Verill	(6	) Date: 9 / (1 ) 21	029	
(7) Type/Print Name: Taur	1 Neville	8)	) Title:	reso Milkeling	

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