



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2021

Dort Form

Return completed form within 30 days to:

Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annua	l Report: No filing fee	if received by	the due date.	450 North Boise, ID 8 Phone: (20		, ,
	umber: 611619	_	tatus: Active-Exis	<del>-</del>	Leccio: ID	N 2
Limited Liability	Company (D)	Date Fo	ormed: 05/30/2018	5 Formation	Locale: ID	
Name and Mai BOB AND IONE 6460 W PLANT BOISE, ID 837	E, LLC FATION LN			(1) Add or Change Mai	ling Address:	- · · · · · · · · · · · · · · · · · · ·
Registered Ag GRETCHEN M 6460 W PLANT BOISE, ID 837	TATION LN	red Office (RO)	Address:	(2) Change RA and/or	RO Address:	
	Note: The Re	gistered Office ad	dress must be a phys	sical Idaho address (no <sub>I</sub>	oostal box).	×
(3) New Regist	tered Agent (RA) Sigr	ature:				£
			w agent is appointed in	item (2) above, the new agei	nt must sign here to accept to	he appointment.
These will not be	ty Companies: Enter nai accepted. Changes here	mes and address e will not affect th	es of Managers OR e entity mailing add	Members. Do NOT puress. If more space is a	t 'same as last year' or needed, please add an	'same as above attachment.
Manager/Member	Name		Business Addres		City, State, Zip	
Mgr Mem Mgr Mem Mgr Mem	GretchenI	Massman	1806 W.S	tate st.	Boise, ID	83702
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☐Mgr ☐Mem						
						<u></u>
(5) Signature:	Grotohen S	Massa	nan l	(6) Date: 5 /4/	2021	
(7) Type/Print Name	e: Gretchen	I. Mas	5 Man	(8) Title: Mana	ger	
Instructions: Leg	ibly complete the form abov	e. Sign and date th	is form and return to t	he address provided above	e.	Ţ

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