



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 11/30/2019

Dort Form 2 1 Return completed form within 30 day

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

Annual Report: No filing fee if received by the due date.		Boise, ID 83720 Phone: (208) 334-2300	/29/
SOS Control Number: 65389	Filing Status: Active-Existing		202
Limited Liability Company (D)	Date Formed: 11/21/2001	Formation Locale: ID	2
Name and Mailing Address:	(1)	Add or Change Mailing Address:	P
BJB ENTERPRISES LTD. CO.	7	10 change	<u></u>
144 EARL DR		I	0
TWIN FALLS, ID 83301-7613			
			A
Registered Agent (RA) and Register	ered Office (RO) Address: (2)	Change RA and/or RO Address:	Received
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TWIN FALLS, ID 83301		1/6 = 104 10/ -	Ë
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Note: The Re	egistered Office address must be a physical lo	daho address (no postal box).	λq
(3) New Registered Agent (RA) Sig	nature:		•
	If a new agent is appointed in item (2)	above, the new agent must sign here to accept the	appointreent.
(4) Limited Liability Companies: Enter na	ames and addresses of Managers OR Meml	pers. Do NOT put 'same as last year' or 'sa	ime as abc
	re will not affect the entity mailing address.		tachme h t.
Manager/Member Name	Business Address	City, State, Zip	H
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(5) Signature: Juliu Tankl	16) (6)	Date: 1-24-2020	new E
(7) Type/Print Name: Julie Tac	block (8)	Title: Burner/Secttresse	ner <u>=</u>