



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2020

Dort Form

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports

Annual	Report: No filing fee if	Boise, ID 8372	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
	umber: 214258	Filing Status: Active-Existing Date Formed: 10/19/2007		rale: ID	202
Limited Liability					
Name and Mail KATIE-JOHN, L		(1) Add or Change Mailing A	agress:	9
PO BOX 578					43
BONNERS FEF	RRY, ID 83805-0578				AM
Registered Ag JOHN BUCKM/		d Office (RO) Address: (2) Change RA and/or RO A	ddress:	Receive
BONNERS FEF					Ved
(3) New Regiet	Note: The Regist	tered Office address must be a physical	idaho address (no posta	l box).	ь Г
(4) Limited Liability These will not be Manager/Member	ty Companies: Enter names accepted. Changes here will Name	s and addresses of Managers OR Merr ill not affect the entity mailing address. Business Address	ir more space is need	ne as last year' or 'same as ab ed, please add an attachment. City, State, Zip	Oove (U
☐ Mgr ☑ Mem	JOHN BUCKMA			MOYER BREWGS. ID	838
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(5) Signature:	tele	? (6)	Date: 10/6/2	0	hawerenc
(7) Type/Print Name	EJOHN BUCK	MASTER (8)	Title: MemBEF	>	nce
Instructions: Loc	ibly complete the form chave. S	Sign and data this form and return to the add	drace provided above		