



Idaho I imited Liability Company Annual Report Form

	File online at: sos.idaho.gov		Return completed form within 30 days to	
	Due no later than: 06/30/201	19	Idaho Secretary of State Attn: Annual Reports 450 North 4th Street	
Annual Report: No filling fee if received by the due date.			Boise, ID 83720 Phone: (208) 334-2300	
SOS Control	Number: 87045	Filing Status: Active-Existing		2
Limited Liability Company (D)		Date Formed: 06/05/2003	Formation Locale: ID	ف
Name and M ROCK "N" RO PO BOX 211 ST MARIES,		(1) A	dd or Change Mailing Address:	11:37 AM
MARK A JAC 110 WALLAC		Office (RO) Address: (2) C	hange RA and/or RO Address:	[Received
(4) Limited Lial	stered Agent (RA) Signatur	If a new agent is appointed in item (2) a and addresses of Managers OR Membe	tho address (no postal box). bove, the new agent must sign here to accept the accept th	me as above'.
Manager/Memba		Business Address	City, State, Zip	<u>0</u>
Mgr XMem	C. HOWIE HODGSON	P.O. BOX 211	ST. Maries, ID	83861 021
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(5) Signature:	M. HODGSON	(6) D	ate: 07/25/2019	awers
(7) Type/Print Na	me: M. HODGSON	(8) Ti	tte: MEMBER	ū
	<u> </u>			Q D

Denney

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