



## Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

F	₹e	turr	n complet	ted form	within	30	days	to

B0027-8314 12/28/2018

Received

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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise. ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.			
If reinstatement is required, the reinstatement fee is \$30.00.			

SOS Control Number: 444314 Limited Liability Company (D) Filing Status: Active-Existing

Date Formed: 12/30/2014

Formation Locale: ID

Name	and	Mailing	Address:
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C LAZY S, LLC 49 CORRAL CREEK RD CASCADE, ID 83611 (1) Add or Change Mailing Address:

Pagietared	Agent (DA)	and Registered	Office (RO	Address.
Keaisterea	Adent (KA)	and Redistered	Office (RU	n Address.

TIM SHAW 49 CORRAL CREEK RD CASCADE, ID 83611 (2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

## (3) New Registered Agent (RA) Signature:

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above' These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip		
Mgr Mem	Tim Shaw	49 Cornal Creek Rd.	Cascade ID 83611		
Mgr Mem					
Mgr Mem					
Mgr Mem					
Mgr Mem	-				
Mgr Mem					
Mgr Mem					
Mgr Mem					
(5) Signature:	Tim Shaw	(6) Date: 12	- 24-2018		

(7) Type/Print Name:

Tim Shaw

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

awerence Denney