



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 06/30/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
700 West Jefferson, E205  
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: 201446

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/07/2007

Formation Locale: ID

### Name and Mailing Address:

D K EXPRESS LLC  
7788 LONG DR  
BOISE, ID 83704

(1) Add or Change Mailing Address:

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### Registered Agent (RA) and Registered Office (RO) Address:

DAMIR KUBAT  
7788 LONG DR  
BOISE, ID 83704

(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 |
|-----------------------------------------------------------|-------------|------------------|------------------|
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | DAMIR KUBAT | 7788 LONG DR.    | BOISE, ID 83704  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem |             |                  |                  |

(5) Signature:

(6) Date:

10.09.18

(7) Type/Print Name:

DAMIR KUBAT

(8) Title:

OWNER

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.

B0026-1850 10/09/2018 3:10 PM Received by ID Secretary of State Lawrence Denney