



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 07/31/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 468580

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/24/2015

Formation Locale: ID

Name and Mailing Address:

LJP, LLC

PO BOX 214

LAVA HOT SPRINGS, ID 83246

(1) Add or Change Mailing Address:

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

LOREN SMITH

2561 KELLEY TOPONCE RD

BANCROFT, ID 83217

(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:

Loren Smith

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(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 checked="" type="checkbox"/> Mem	LOREN SMITH	225 E MAIN	LAVA HOT SPRINGS ID 83246
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bert Higley	225 E. main	Lava Hot Springs Id 83246
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Patti Madsen	225 E main	Lava Hot Springs Id 83246
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Loren Smith

(6) Date:

18 SEP 19

(7) Type/Print Name:

LOREN SMITH

(8) Title:

OWNER / PARTNER

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

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