



(7) Type/Print Name:

Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

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Return com Idaho Secreta	pleted form within 30 days to ary of State	<u>م</u> مور
Attn: Annual I 450 North 4th Boise, ID 837	Street	12/
Phone: (208) 334-2300		14/
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s. Do NOT put 'same as last year' or 'same as above nore space is needed, please add an attachment.		
·	City, State, Zip	Ö
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Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00. **SOS Control Number:** 441272 Filing Status: Active-Existing Limited Liability Company (D) Date Formed: 12/03/2014 Name and Mailing Address: (1) Add HADDON 8510 LLC PO BOX 2013 POST FALLS, ID 83877 Registered Agent (RA) and Registered Office (RO) Address: (2) Cha **ELISABETH MOORE** 14089 N CHURCH RD RATHDRUM, ID 83858 Note: The Registered Office address must be a physical Idahe (3) New Registered Agent (RA) Signature: (4) Limited Liability Companies: Enter names and addresses of Managers OR Members These will not be accepted. Changes here will not affect the entity mailing address. If m Manager/Member Business Address Name P.O. BOX 2013 Elisabeth MOORE Mgr Mem tat (5) Signature: (6) Date:

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.

(8) Title: