



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 12/31/2019

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: 219094

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/13/2007

Formation Locale: ID

**Name and Mailing Address:**

PETERSEN RANCH MANAGEMENT, LLC  
PO BOX 226  
DOWNEY, ID 83234-0226

(1) Add or Change Mailing Address:

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

DAVID P PETERSEN  
1315 OLD MALAD HWY MILE POST 2  
DOWNEY, ID 83234

(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:**

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DAVID PETERSEN	1315 Old Malad Highway	Downey, ID 83234
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lois PETERSEN	1315 Old Malad Highway	Downey, ID 83234
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DAVID JR. PETERSEN	1315 Old Malad Highway	Downey, ID 83234
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*David Petersen*

(6) Date:

11/23/19

(7) Type/Print Name:

DAVID PETERSEN

(8) Title:

MANAGER

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

B0357-9762 12/02/2019 12:36 PM Received by ID Secretary of State Lawrence Denney