

Idaho Limited Liability Company Annual Report Form

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B1019-2903

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File #: 0006330091

Date Filed: 6/26/2025 10:40:00 AM

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 receiv	Due no later than: 06/30/2025			
		illing Status: Active-Existing	ing Formation Locale: ID		2025
Name and Mail ROCK "N" ROA PO BOX 211 ST MARIES, ID	D, LLC		1) Add or Change Mailin	g Address:	10:40
Registered Age MARK A JACKS 114 E WALLAC COEUR D ALEI	E AVE	e (RO) Address:	2) Change RA and/or Ro	O Address:	AM Received
(4) Limited Liabilit	Note: The Registered Of ered Agent (RA) Signature: by Companies: Enter names and a accepted. Changes here will not a		(2) above, the new agent i	must sign here to accept th same as last year' or 's	same as above attachment.
Manager/Member	Name	Business Address		City, State, Zip	0211
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem	C. HOWIE HODGSON, MBR. M. HODGSON, MBR.	P.O. BOX 211 P.O. BOX 211		ST MARIES, ID ST MARIES, ID	03001-2110
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Mgr Mem				0005	υ α Γ
(5) Signature: (7) Type/Print Name	M. HODGSON, MBR.		5) Date: JUNE @ 2 3) Title: Member	3, 2025	

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