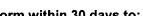


Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Phone: (208) 334-2300

Return completed form within 30 days to:

For Office Use Only -FILED-

Boise, ID 83720

Date Filed: 5/2/2023 9:24:00 AM

File #: 0005216483

Annua	Report: No filing fee if recei	Due no later than: 05/31/202		
SOS Control Number: 459834		Filing Status: Active-Existing		202
Limited Liability Company (D)		Date Formed: 05/06/2015	Formation Locale: ID	ω
Name and Mai	ling Address:	(1) Add or Change Mailing Address:		
	ERLAKE LOOP, LLC			24
416 E FOSTER				_
COEUR D'ALE	NE, ID 83814-3045			AM
				汉 ®
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:				
KAREN L VAUG 416 E FOSTER				cei√e
COEUR D ALE				Ď.
	··, · · · · · ·			<u> </u>
	Note: The Registered (Office address must be a physical	daho address (no postal box).	γų
	_	omoc dudress must be a physical i	400 p =	0
(3) New Regist	tered Agent (RA) Signature:_	If a new agent is appointed in item (2	?) above, the new agent must sign here to	accept the appointment
These will not be	ity Companies: Enter names and 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	
✓ Mgr	Karen Lynn Vangn	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Alene 1083814
Mgr ✓Mem Mgr Mem	GlennAlah Vaughn	416 E Fosterav	e Coeurd	Hiere, la 63517
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Mgr Mem				<u>0</u>
(m) m	1/	/c	Date: 4/2/0/2012	i. E
(5) Signature:	Karen/allogue	(0	Date. 7 /2/1/2023	
(7) Type/Print Nam	ne: Karen Vaughn	(8	Title: Manager	<u> </u>
Instructions: Le	gibly complete the form above. Sign a	nd date this form and return to the ac	√ ldress provided above.	72 72