







## STATE OF IDAHO Office of the secretary of state, Phil McGrane ANNUAL REPORT

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-FILED-

File #: 0005307206

Date Filed: 7/6/2023 12:44:56 PM

| Entity Name and Mailing Address:  |                           |           |  |              |  |
|---|---------------------------|-----------|--|--------------|--|
| Entity Name:  |                           |           | CHUBBS, LLC                              |              |  |
| The file number of this entity on the records of the Idaho Secretary of State is: |                           |           | 0000391436                               |              |  |
| Address   |                           |           | 3119 N 2ND ST                            |              |  |
|   |                           |           | COEUR D ALENE, ID 8381                   | 5-3733       |  |
| Entity Details:   |                           |           |  |              |  |
| Entity Status   |                           |           | Active-Existing                          |              |  |
| This entity is organized under the laws of:                                       |                           |           | IDAHO                                    |              |  |
| If applicable, the old file number o the Idaho Secretary of State was:            | f this entity on the I    | ecords of | W127894                                  |              |  |
| The registered agent on record is:  |                           |           |  |              |  |
| Registered Agent  |                           |           | DANIEL F STUBBS                          |              |  |
|   |                           |           | Registered Agent                         |              |  |
|   |                           |           | Physical Address                         |              |  |
|   |                           |           | 3119 N 2ND ST.<br>COEUR D ALENE, ID 8381 | 5            |  |
|   |                           |           | Mailing Address                          | J            |  |
|   |                           |           | Mailing Address                          |              |  |
| Agent or Address Change   |                           |           |  |              |  |
| Select if you are appointing a  | new agent.                |           |  |              |  |
| Limited Liability Company Managers and Me   | mbers                     |           |  |              |  |
| Name  | TItle                     |           | Business A                               | Address      |  |
| Chad Oakland  | Member                    |           | I 2ND STREET<br>R D ALENE, ID 83815      |              |  |
| The annual report must be signed by an auth                                       | porizod signor of the ent | its       |  |              |  |
| Job Title: Manager  | ionzed signer of the em   | ıty.      |  |              |  |
|   |                           |           |  |              |  |
| Ashley Sanders  |                           |           |  | 07/06/2023   |  |
| Sign Here   |                           |           |  | Date         |  |
| 13  |                           |           |  | <del>-</del> |  |