



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2020

## Nort Form Return completed form within 30 days to: World and Secretary of State

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

Annual	Report: No filing fee if re	•	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 605315 Limited Liability Company (D)		Filing Status: Active-Existin  Date Formed: 04/16/2018	-		2020
Name and Mail LORECA'S LIM 1245 CAMPBEL GENESEE, ID	ITED LIABILITY COMPAN' .L LOOP		(1) Add or Change Mailin	g Address:	10:00
Registered Age LORECA J STA 1245 CAMPBEL GENESEE, ID	L LOOP RD	Office (RO) Address:	(2) Change RA and/or Ro	O Address:	AM Received
(4) Limited Liabilit	ered Agent (RA) Signatur	et Office address must be a physic  If a new agent is appointed in iter  and addresses of Managers OR M  not affect the entity mailing addresses	m (2) above the new agent	must sign here to accept the appoil	as above's
Manager/Member	Name	Business Address	·	City, State, Zip	<u></u>
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Mgr Mem  (5) Signature:	Hanker		(6) Date: 6 April	1 2020	Lawer
(5) Signature: (6) Date: 6 April 2020 (7) Type/Print Name: Loreca J. 5 truber (8) Title: Deser-Manager Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.					ence