



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005097684

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Due no later than: 02/28/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 187546
Foreign Limited Liability Company

Filing Status: Active-Existing
Date Formed:

Formation Locale: WASHINGTON

Name and Mailing Address:

OVER THIRTY-FIVE LLC
STE C PMB 356
613 BRYDEN AVE
LEWISTON, ID 83501-5192

(1) Add or Change Mailing Address:

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

NANCY SWEARINGEN
1105 COVEY LANE
LEWISTON, ID 83501

(2) Change RA and/or RO Address:

Victoria A Sunde

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: Victoria A. Sunde

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	Victoria A Sunde	1105 Covey Lane	Lewiston ID 83501
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Merin L. Mione	19015 Olympic View Drive	Edmonds WA 98020
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Michael D Lookabill	12033 348 th Ave NE	Carnation WA 98014
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Talea A Harrell	P.O. Box 231	Roy MT 59471
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joshua E Sunde	1097 Covey Lane	Lewiston ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Justin A Sunde	1101 Covey Lane	Lewiston ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Nancy A Swearingen	613 Bryden Ave STE C # 356	Lewiston ID 83501
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Victoria A. Sunde

(6) Date: 2-2-23

(7) Type/Print Name: Victoria A. Sunde

(8) Title: Manager

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

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