



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2021

Dort Form

Return completed form within 30 days to

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

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 618060		Filing Status: Active-Exist	_		2021
Limited Liability Company (D)		Date Formed: 07/10/2018	Formation i		
Name and Mailing Address:			(1) Add or Change Mailing Address:		
JONES PROPE PO BOX 527	ERTIES LLC				2
CASCADE, ID	83611-0527				Þ
•					AM
					70
JUDY SHOPLO		ed Office (RO) Address:	(2) Change RA and/or R	O Address:	0 0
32 JOSHUA DE					1. 1.
CASCADE, ID					ceived
					-
	Note: The Reg	jistered Office address must be a physi	ical Idaho address (no po	stal box).	Åq
(3) New Registered Agent (RA) Signature:					H
			em (2) above, the new agent	must sign here to accept the appointme	ent.
		nes and addresses of Managers OR New Will not affect the entity mailing addresses			tΩ
Manager/Member	Name	Business Address	S	City, State, Zip	<u> </u>
☑Mgr ☐Mem	JUDY SHOPLOG	L POBOX 52	7 (32 Joshua)	Coscave, ID 83611	0
Mgr Mem	•		DR.		Ϋ́
Mgr Mem					0
☐ Mgr ☐ Mem ☐ Mgr ☐ Mem					
Mgr Mem					Ø
☐ Mgr ☐ Mem	-				<u>0</u>
Mgr Mem			<u>.</u>		
Mgr Mem					
☐ Mgr ☐ Mem					<u> </u>
				<u> </u>	<u>2</u>
(5) Signature: (6) Date: JU) (2, 2021					aweren
(7) Type/Print Nam	1		(8) Title: /) W/1		- Ce
			,		