



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

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Roise ID 83720

|  |   |   | 450 North                             | atn Street                    |                  |  |  |
|--|---|---|---------------------------------------|-------------------------------|------------------|--|--|
| Annua  | · '                                     | Boise, ID 83720                         |                                       |                               |                  |  |  |
|  |   |   | Phone: (20                            | 8) 334-2300                   |                  |  |  |
| SOS Control N  | lumber: 134379                          | Filing Status: Active-Existing          | !                                     |                               |                  |  |  |
| Limited Liability  | Company (D)                             | Date Formed: 06/30/2005                 | Formation                             | Locale: ID                    |                  |  |  |
| Name and Ma  | iling Address:                          | (1                                      | ) Add or Change Mail                  | dd or Change Mailing Address: |                  |  |  |
| IDAHO REAL I   | ESTATE CONNECTION L                     | L.C.                                    |                                       |                               |                  |  |  |
| 16766 ROSE F   | PARK DRIVE                              |   |                                       |                               |                  |  |  |
| NAMPA, ID 83   | 3687                                    |   |                                       |                               |                  |  |  |
|  |   |   |                                       |                               |                  |  |  |
| Registered Ag<br>WILLIAM C KA  | ent (RA) and Registered                 | d Office (RO) Address: (2               | ) Change RA and/or f                  | RO Address:                   |                  |  |  |
| 16766 ROSE F   | ARK DR                                  |   | •                                     |                               |                  |  |  |
| NAMPA, ID 83   |   |   |                                       |                               |                  |  |  |
|  |   |   |                                       | <u>.</u> ·                    |                  |  |  |
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|  | note. (ne negisi                        | tered Office address must be a physical | idano address (no p                   | ustai bux).                   |                  |  |  |
| (3) New Regis  | tered Agent (RA) Signate                |   |                                       |                               |                  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   | If a new agent is appointed in item (   | ···                                   |                               |                  |  |  |
| (4) Limited Liabili  | ity Companies: Enter names              | s and addresses of Managers OR Mem      | nbers. Do NOT put                     | 'same as last y               | ear' or          | 'same as above                         |  |
| These will not be accepted. Changes here will not afform Manager/Member Name |   |   | Business Address                      |                               | City, State, Zip |  |  |
| Mgr Mem  | William KARROW                          |   |                                       | Mays.                         | り                | 86.87                                  |  |
| Mgr Mem  | 111111111111111111111111111111111111111 | C IDIAC IDIA IA                         | THE UT                                | - Angs                        | <u></u>          | DHO!                                   |  |
| Mgr Mem  |   |   |                                       |                               |                  |  |  |
| Mgr Mem  |   |   |                                       |                               |                  |  |  |
| Mgr Mem  |   |   |                                       | 1                             |                  |  |  |
| Mgr Mem  |   |   | · · · · · · · · · · · · · · · · · · · |                               |                  |  |  |
| ☐Mgr ☐Mem  |   |   |                                       |                               |                  |  |  |
| Mgr Mem  |   |   | · · · · · · · · · · · · · · · · · · · |                               |                  |  |  |
| Mgr Mem  |   |   |                                       |                               |                  |  |  |
| Mgr Mem  |   |   |                                       | -                             | ·····            | · ,, · · · · · · · · · · · · · · · · · |  |
| Mgr Mem  |   |   |                                       |                               |                  |  |  |
|  | <u> </u>                                |   |                                       | <u>— I — </u>                 |                  |  |  |
| (5) Signature:   | wert                                    | (6)                                     | Date: 6~12                            | -19                           |                  |  |  |
| (7) Type/Print Name  | B: William CKA                          | -17EV (8)                               | Title: Owner                          | - /Broke                      | n.               |  |  |
|  |   |   |                                       |                               |                  |  |  |

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