



# Idaho Limited Liability Partnership Annual Report Form

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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-**

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Due no later than: 03/31/2023

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

SOS Control Number: 4853  
Limited Liability Partnership (D)

Filing Status: Active-Existing  
Date Formed: 03/13/2001

Formation Locale: ID

**Name and Mailing Address:**

ALEXACON LLP  
PO BOX 3127  
KETCHUM, ID 83340-3121

(1) Add or Change Mailing Address:

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

LINDA D WOODCOCK  
371 W RIVER ST UNIT 5  
KETCHUM, ID 83340

(2) Change RA and/or RO Address:

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

**(3) New Registered Agent (RA) Signature:**

*If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Limited Liability Partnerships: Enter names and addresses of 2 or more Partners. 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.

Name	Business Address	City, State, Zip
Linda D. Woodcock	P.O. Box 3127	Ketchum, Id. 83340
Kirsten H. Terra	P.O. Box 3127	Ketchum, Id. 83340
Lindsay A. Woodcock	P.O. Box 3127	Ketchum, Id. 83340

(5) Signature: Linda D. Woodcock

(6) Date: 3/2/23

(7) Type/Print Name: LINDA D. WOODCOCK

(8) Title: manager, Alexacon LP

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

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