



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2020

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

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

SOS Control Number: 218166

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/05/2007

Formation Locale: ID

Name and Mailing Address:

6 BAR S FAMILY, LLC
BARBARA A SWENSON
PO BOX 104
COUNCIL, ID 83612-0104

(1) Add or Change Mailing Address:

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

BARBARA A SWENSON
1788 HIGHWAY 95
COUNCIL, ID 83612

(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:

Barbara A Swenson

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	Barbara A. Swenson	1788 Hwy 95	Council, ID 83612
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Arren Swenson	43738 Jerico lane	Pendleton, OR 97901
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(5) Signature:

Barbara A. Swenson

(6) Date:

1/19/2021

(7) Type/Print Name:

Barbara A. Swenson

(8) Title:

Partner, Manager

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

B0568-1865 01/25/2021 1:14 PM Received by ID Secretary of State Lawrence Denney