



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due no later than: 03/31/2019

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:** 546362

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 03/31/2017

**Formation Locale:** ID

**Name and Mailing Address:**

DEBRA WICKLIFF REID INTERIOR DESIGN LLC

2793 N HOLLYBROOK PLACE

EAGLE, ID 83616

(1) Add or Change Mailing Address:

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

DEBRA WICKLIFF REID

2793 N HOLLYBROOK PLACE

EAGLE, ID 83616

(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 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
RA <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DEBRA WICKLIFF REID	2793 N. HOLLYBROOK PL.	EAGLE, ID 83616
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Debra Wickliff Reid*

(6) Date:

4-15-19

(7) Type/Print Name:

DEBRA WICKLIFF REID

(8) Title:

RA (OWNER)

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