



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2020

Sort Form

Return completed form within 30 days to:

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

				450 North 4th Street	
Annua	Report: No filing fee if		Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N	umber: 181227	Filing Status: Active-Exist			
		Date Formed: 11/29/2006	_		
Name and Mai	ling Address:		(1) Add or Change Mailing Address:		
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4748 OLD LOC MACKAY, ID 8					
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					ኢ ወ
SCOTT MCAFF					() ()
MACKAY, ID 83251					TVed
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	Note: The Regis	tered Office address must be a physi	ical Idaho address (i	no postal box).	Λ̈́α
(3) New Regist	tered Agent (RA) Signat	(IFA:			~
(o) item itegio	iorou Agont (rus) oignat	If a new agent is appointed in it	em (2) above, the new	ngent must sign here to accept the app	ointment
		s and addresses of Managers OR I			hment. 🏚
Manager/Member	Name	Business Addres	\$	City, State, Zip	
✓Mgr ☐Mem	Scott MCAF	FEE 4748 old	Loop Rd		1251 d
☑Mgr ☐Mem	GAIL MCAFE		roob isq	MACKRY 50 8	33251
Mgr ☑Mem Mgr ☐Mem	Bart Wojeieche	wsk 4704 old!	000 Rd	MACKAY, ED 8	33251 K
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(5) Signature:	Latt moof	1	(6) Date: 10 -	29-20	
(7) Type/Print Name: 3 0 77 /9CAFFEE (8) Title: RA					enc
					Ø
Instructions: Leg	ibly complete the form above.	Sign and date this form and return to the	e address provided a	oove.	