



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2021

Dort Form Return completed form within 30 days to:

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

Annual Report: No filing fee if received by the due date.					Boise, ID 83720 Phone: (208) 334-2300		22/
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SOS Control Number: 257197		•	status: Active-Ex	_			2 2
Limited Liability Company (D)		Date Fo	ate Formed: 03/20/2009		Formation Locale: ID		—
Name and Mailing Address: (1) Add or Change Mailing Address:							3:
L. L. CROW FA	MILY, LLC						Ú
PO BOX 216							W
CRAIGMONT,	ID 83523-0216						PM
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:							Ω
LALISA R THOMASON							o ⊢·
320 N 2ND AVE							iVe
CRAIGMONT, ID 83523							Ď.
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	Note: The Reg	istered Office ad	dress must be a ph	nysical Idaho	address (no pos	stal box).	4
/2\ Nove Domin	land Amant (DA) Cinn	-4					Ħ
(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							uppointment
(4) 1 imple of 1 in bill	t. Campanian Fatanan						
	ty Companies: Enter nam accepted. Changes here						
Manager/Member Name			Business Address			City, State, Zip	9
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(6) Signatura:	P. D. 11			(6) Data	/		e T
(5) Signature:	racesa K. The	masin		(6) Date	1/15	120à1	
(5) Signature: Addesa R. Thomason (6) Date: 2/15/2021 (7) Type/Print Name: La Lisa R. Thomason (8) Title: Manager							O O
Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.							D e