



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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-

File #: 0006163543

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Due no later than: 04/30/2025

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

SOS Control Number: 381685

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/22/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

CROWN POINTE 8205 LLC
PO BOX 2013
POST FALLS, ID 83877-2013

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

(2) Change RA and/or RO Address:

ELISABETH MOORE
14089 N CHURCH RD
RATHDRUM, ID 83858

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
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	ELISABETH MOORE	P.O. Box 2013	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

Elisabeth Moore

(6) Date:

3-12-25

(7) Type/Print Name:

Elisabeth Moore

(8) Title:

Owner

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

B09900-2162 03/17/2025 12:30 PM Received by Office of the Idaho Secretary of State