

B0787-2332 04/06/2023 3:05 PM Received by Office of the Idaho Secretary of State



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 #: 0005184727

Date Filed: 4/6/2023 3:05:00 PM

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

Due no later than: 01/31/2023

SOS Control Number: 30343

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/12/1998

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

CORNILLES FINANCIAL SERVICES LLC
JEFF CORNILLES
1313 W RAE LIN DR
NAMPA, ID 83686-1701

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

(2) Change RA and/or RO Address:

JEFFREY J CORNILLES
1313 W RAE LIN DR
NAMPA, ID 83686

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jeff Cornilles	1313 W. Raeline Dr.	Nampa, Id 83686
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature

(6) Date:

4/6/23

(7) Type/Print Name:

(8) Title:

Jeff Cornilles

Member.

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