



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2020

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: 135467

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/14/2005

Formation Locale: ID

Name and Mailing Address:

TN PROPERTIES LLC

2521 W 81ST S

IDAHO FALLS, ID 83402-5841

(1) Add or Change Mailing Address:

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

NORA MULBERRY

2521 W 81ST S

IDAHO FALLS, ID 83402

(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
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Nora Mulberry	2521 W 81 S	Idaho Falls, ID 83402
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Mark Mulberry	8251 S 25 W	Idaho Falls, ID 83402
<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: Nora Mulberry

(6) Date: 6-29-20

(7) Type/Print Name: Nora Mulberry

(8) Title: Manager

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

B0521-0738 07/06/2020 11:40 AM Received by ID Secretary of State Lawrence Denney