



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 01/31/2019

Reporting Year: 2018

Dort Form Return completed form within 30 days to United Idaho Secretary of State

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

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 587648 Limited Liability Company (D)		Filing Status: Active Date Formed: 01/22	ŭ	tion Locale: ID	
Name and Mai STEINBRUECK 332 CALLAND OROFINO, ID	KER LOGGING, LLC DR		(1) Add or Change	Mailing Address:	9:49 AM
Registered Ag CODY STEINB 332 CALLAND OROFINO, ID	RUECKER DR 83544	d Office (RO) Address:	(2) Change RA and		Received by
(4) Limited Liabili	tered Agent (RA) Signa ity Companies: Enter name	ture: If a new agent is appoir es and addresses of Manager	nted in item (2) above, the new rs OR Members. Do NOT	agent must sign here to accept the appear of	ppointment.
Manager/Member	Name	Business A		City, State, Zip	<u>`</u>
Mgr	Cody Steinbruec		albord Orive		SSUA AND STATE OF CAME
(5) Signature:	edy Steinbru	brecker	(6) Date:	3/25/19	Laweren
(7) Type/Print Name	e: Cody Stein	brecker	(8) Title:	wner	
Instructions: Lea	ibly complete the form above.	Sign and date this form and retu	irn to the address provided a	oove.	U