







STATE OF IDAHO Office of the secretary of state, Phil McGrane

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

ANNUAL REPORT

Filing Fee: \$0.00

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-FILED-

File #: 0006146440

Date Filed: 3/6/2025 7:50:22 PM

| Entity Name and Mailing Address: | | | | |
|---|------------------------|---|--|--|
| Entity Name: | | Madonna Lactation, LLC. | Madonna Lactation, LLC. | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | 0004701067 | 0004701067 | |
| Address | | 784 S CLEARWATER LOOP | | |
| | | STE B | | |
| | | POST FALLS, ID 83854-9599 | | |
| Entity Details: | | | | |
| Entity Status | | Active-Existing | Active-Existing | |
| This entity is organized under the laws of: | | IDAHO | IDAHO | |
| If applicable, the old file number of t the Idaho Secretary of State was: | his entity on the reco | ords of | | |
| The registered agent on record is: | | | | |
| Registered Agent | | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | Physical Address | |
| | | 784 S CLEARWATER LOOP S POST FALLS, ID 83854 | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| | | Mailing Address | | |
| | | 784 S CLEARWATER LOOP S POST FALLS, ID 83854 | STE B | |
| Agent or Address Change | | | | |
| Select if you are appointing a ne | ew agent. | | | |
| Limited Liability Company Managers and Mem | bers | | | |
| Name | Title | Business Ad | Business Address | |
| Elizabeth Smith | Member | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | | |
| | | | | |
| The annual report must be signed by an author Job Title: Authorized Representativ | | | | |
| Nat Smith | | | 03/07/2025 | |
| Sign Here | | • | Date | |