



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 06/30/2021

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: 87045

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/05/2003

Formation Locale: ID

**Name and Mailing Address:**

ROCK "N" ROAD, LLC

PO BOX 211

ST MARIES, ID 83861-0211

(1) Add or Change Mailing Address:

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

MARK A JACKSON

110 E WALLACE AVE

COEUR D ALENE, ID 83814

(2) Change RA and/or RO Address:

MARK A JACKSON

110 E WALLACE AVE

COEUR D ALENE, ID 83814

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	C. HOWIE HODGSON	PO BOX 211	ST MARIES, ID 83861-0211
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	M. HODGSON	PO BOX 211	ST MARIES, ID 83861-0211
<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: M. HODGSON, MBR.

(6) Date: 07/09/2021

(7) Type/Print Name: M. HODGSON

(8) Title: MEMBER

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

B0612-8981 07/19/2021 11:47 AM Received by ID Secretary of State Lawrence Denney