

Idaho Limited Liability Company Annual Report Form

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For Office Use Only



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.

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Due no later than: 02/28/2023

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SOS Control Number: 493084	Filing Status: Active-Exis	sting	
Limited Liability Company (D)	Date Formed: 02/17/2016	Formation L	ocale: ID
Name and Mailing Address: PROPERTY SERVICES COMPA 28 S BONNER ST NAMPA, ID 83651-7600	NY LLC.	(1) Add or Change Mailing	
Registered Agent (RA) and Reg MICHAEL J LYNCH 28 S BONNER ST NAMPA, ID 83651	istered Office (RO) Address:	(2) Change RA and/or RC	Address:
Note: TI (3) New Registered Agent (RA)		, ,	nust sign here to accept the appointment.
	er names and addresses of Managers OR s here will not affect the eptity mailing add		
Manager/Member Name	Business Addres	<u>,</u>	Gity, State, Zip X2/52
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Mgr Mem (5) Signature:		(6) Date:	/203
(7) Type/Print Name:	- J. Linch	(8) Title:	- MANAGED S
Instructions: Legibly complete the form	above. Sign and date this form and return to the		1 MNACHL F