

## **Idaho Limited Liability Company Annual Report Form**

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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

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Annual Report: No filing fee if received by the due date.						Due no later than: 11/30/2022		
OS Control Number: 526711 imited Liability Company (D)			•	Active-Existi : 11/04/2016	•	Formation Locale: ID		
Name and Mail SALMON IDAH 211 DAHLE AV SALMON, ID 8	O RENTALS, LL	С			(1) Add or Change Mail	ing Address:	7 - - - -	
Registered Ago KAREN REED 211 DAHLE AV SALMON, ID 8	3467	_		Ł.	(2) Change RA and/or f			
(4) Limited Liabilit Γhese will not be	accepted. Change	er names and ad	dresses of Nect the entit	Managers OR M y mailing addre	m (2) above, the new agen dembers. Do NOT put ess. If more space is n	t 'same as last year' needed, please add	or 'same as above an attachment.	
Manager/Member	Name		Busii	ness Address		City, State, Zip		
Mgr	aren Bo	REED -	2.11	Danke A	(6) Date:	SALMON, 1	P 83467	
7) Type/Print Name	* KAREN	BETH	REED		(8) Title: Mar	1	•	

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

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