



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

File online at: sos.idaho.gov

Due no later than: 08/31/2019

Dort Form

Return completed form within 30 days to: No lidaho Secretary of State

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

Due no later than: 08/31/2019							Attn: Annual Reports 450 North 4th Street		
Annual Report: No filing fee if received by the due date.							Boise, ID 83720		
74111441			<u> </u>				Phone: (208)	334-2300	12/
SOS Control Nu	umber: 622 <sup>-</sup>	187	Filina S	tatus: Acti	ve-Exis	ting			N O
				ormed: 08/09/2018 Formation Locale: ID					<b>1</b> 9
Name and Mail			(1) Add or	Change Mailing	Address:	<u> </u>			
TLN HOLDINGS						2			
2807 PARKRIVI	ER DR								25
BOISE, ID 8370	06								
									AM
Registered Age	ent (RA) and	l Regist	ered Office (RO	) Address:		(2) Chang	e RA and/or RC	Address:	ਲੂ
TOM NELSON									Receive
2807 PARKRIVER DR									<b>0</b> .
BOISE, ID 8370	06								<u> </u>
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	N	ote: The F	Registered Office ac	dress must b	e a phys	ical Idaho a	ddress (no pos	stal box).	ÅФ
(3) New Regist	ered Agent	/DA\ Qi/	matura:						κ.
(2) Hew Megist	ered Main	(IVA) SIE		w agent is app	binted in i	tem (2) anove	, the new agent n	nust sign here to accep	t the appointment.
(4) Limited Liabilit	y Companies accepted. Ch	: Enter n	ames and address ere will not affect the	ses of Manag ne entity mail	jers OR ling addr	Members. ress. If mor	Do NOT put 's re space is ne	same as last year o	or 'same as above' <sub>72</sub>
Manager/Member Name			Business Address				City, State, Zip	- 3	
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Mgr Mem			1			_	Dn.		83706
Mgr ⊠Mem	TTUFI	<u>r R.</u>	NECSON	2807	F.	PARL	MUZA	BUISE	40.
Mgr Mem							Dr.	·	83706
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(5) Signature:	2~~~ o	· · · · · · · · · · · · · · · · · · ·	iev-			(6) Date:		/ / 1 7	<u>"</u>
(7) Type/Print Name	TOP	1 1	NEW	50 N		(8) Title:	PRE	s'./MG	Lawerence
Instructions: Legi	bly complete th	e form ab	ove. Sign and date t	his form and r	eturn to ti	ne address p	rovided above.	1	ë U