



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 02/28/2019

Reporting Year: 2018

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: 154912

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/23/2006

Formation Locale: ID

Name and Mailing Address:

WAYNE BOWER LLC

1072 E 3700N

BUHL, ID 83316

(1) Add or Change Mailing Address:

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

GALE BOWER

2693N 700E

CASTLEFORD, ID 83321

(2) Change RA and/or RO Address:

Gale Bower
780E 3600N
Castleford Id 83321

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	Dale D Bower	384 Elm	Castleford Id 83321
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Geanna Wiebe	4045N 1600E	Buhl Id 83316
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Vern Bower	525 Broadway	Buhl Id 83316
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Mike Bower	601 8th st	Jerome Id 83338
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joe Bower	1072E 3700N	Buhl Idaho 83316
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Wayne Bower

(6) Date:

4/4/19

(7) Type/Print Name:

Wayne Bower

(8) Title:

Owner Prez

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

B0198-5999 04/08/2019 3:26 PM Received by ID Secretary Lawrence Denney