





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$0.00

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File #: 0005970750

Date Filed: 11/7/2024 10:16:24 AM

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|--|--------------------------|------------------------------------|----------------------------------|--|
| Entity Name and Mailing Address: Entity Name:  |                          |                                    | Springbrook Holding Company, LLC |  |
| Foreign Name (name in home jurisdiction):  |                          |                                    | Springbrook Holding Company, LLC |  |
| The file number of this entity on the records of the Idaho Secretary of State is:  |                          |                                    | 0005389497                       |  |
|  |                          |                                    |                                  |  |
|  |                          |                                    | #507<br>SHERWOOD, OR 97140-9140  |  |
|  |                          |                                    | 30EKWOOD, OK 31 140-3140         |  |
| Entity Details:  |                          |                                    |                                  |  |
| Entity Status  |                          |                                    | Active-Existing                  |  |
| This entity is organized under the laws of:  |                          |                                    | DELAWARE                         |  |
| If applicable, the old file<br>the Idaho Secretary of  |                          | tity on the records of             |                                  |  |
| The registered agent on record   | is:                      |                                    |                                  |  |
| Registered Agent   |                          |                                    | C T CORPORATION SYSTEM           |  |
|  |                          |                                    | Commercial Registered Agent      |  |
|  |                          |                                    | Physical Address                 |  |
|  |                          |                                    | 1555 W SHORELINE DR<br>STE 100   |  |
|  |                          |                                    | BOISE, ID 83702                  |  |
|  |                          |                                    | Mailing Address                  |  |
|  |                          |                                    | 1555 W SHORELINE DR              |  |
|  |                          |                                    | STE 100                          |  |
|  |                          |                                    | BOISE, ID 83702                  |  |
| Agent or Address Change  |                          |                                    |                                  |  |
| Select if you are a  | ppointing a new ag       | ent.                               |                                  |  |
| Limited Liability Company Mar  | nagers and Members       |                                    |                                  |  |
| Name   | Title                    | Business Address                   |                                  |  |
| Jared Hale   | Manager                  | 21370 SW LANGER FARMS PKWY STE 142 |                                  |  |
|  |                          | #507                               |                                  |  |
|  |                          | SHERWOOD, OF                       | R 97140-9140                     |  |
| The annual report must be sign   | and by an authorized sig | anor of the entity                 |                                  |  |
| Job Title: Power of Att  |                          | gner of the entity.                |                                  |  |
| Christopher Emmons   | S                        |                                    | 11/07/2024                       |  |
| Sign Here  |                          |                                    | Date                             |  |