



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 04/30/2019

port Form

Return completed form within 30 days to day

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

Annual Report: No filing fee if received by the due date.				Phone: (208) 334-2300	
SOS Control N Limited Liability	umber: 456246 Company (D)	Filing Status: Active-Exi Date Formed: 04/03/201	•	Formation Locale: ID	
Name and Mail NEWTON FAR 1250 N 400 W PAUL, ID 8334	MS, LLC		(1) Add or Change	Mailing Address:	10:25
Registered Age RANDY NEWTO 1250 N 400 W PAUL, ID 8334		l Office (RO) Address:	(2) Change RA and	/or RO Address:	AM Received
(4) Limited Liabili	ty Companies: Enter name	If a new ayent is appointed in and addresses of Managers OR	item (2) above, the new a	no postal box). Ingent must sign here to accept the appoint put 'same as last year' or 'same a is needed, please add an attachr	ਨ ਨ ntment. ⊟ as above
Manager/Member	Name	Business Addre	SS	City, State, Zip	<u> </u>
Mgr ☑Mem	RANDY W Newto		400 W	PAUL IJ 8334	<u> </u>
∐ Mgr (☑)Mem	Dennis L Newla		250 W	Rupeal Id 833	
∭ Mgr ∭ Mem	MARCUS WiNs		200 W	Rupert Iv 833	is p
☐Mgr ☐Mem					~
Mgr Mem					
Mgr Mem					
MgrMem					<u> </u>
MgrMem					0
Mgr Mem					- ct
Mgr Mem					
Mgr Mem			· · · · · · · · · · · · · · · · · · ·		
					٤
(5) Signature:	Say in Notel		(6) Date: 5 / //	19	awene
(7) Type/Print Name	· Run an M	leatory	(8) Title:	ne-1	en
(i) Typen mill Hallie	E MANDY a N		(O) Title.	ilm he h	
Instructions: Legi	ibly complete the form above.	Sign and date this form and return to t	he address provided at	oove.	0