



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

SOS Control Number: 435147

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/02/2014

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

T.J.L. PROPERTIES L.C.
56 E 100 N
MALAD CITY, ID 83252-1231

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

(2) Change RA and/or RO Address:

TARREL DAVIS
56 E 100 N
MALAD CITY, ID 83252

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	TARREL DAVIS	56 E 100 N	MALAD Idaho 83252
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	LANETTE GRANGE	17950 300E	LINCOLN UTAH 84062
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Tarrel Davis*

(6) Date: 9-15-2022

(7) Type/Print Name: TARREL DAVIS

(8) Title: President/Manager

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

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