

SOS Control Number: 535944

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

File online at: sosbiz.idaho.gov

Filing Status: Active-Existing

For Office Use Only

## -FILED-

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State

## 77

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.

Limited Liability Company (D)	Date Formed: 01/18/2017	Formation L	ocale: ID	24
Name and Mailing Address: ORCHARD LOFTS LLC DAREN ANDERSON	(1)	Add or Change Mailin	g Address:	1:09
3049 S COBBLE WAY MERIDIAN, ID 83642				PM
Registered Agent (RA) and Registered Of DEAN ANDERSON DEAN ANDERSON 3875 S TWILIGHT RISE WAY MERIDIAN, ID 83642-5085		DAREN ANDE 16037 N FRA #204 NAMPA ID 83	NKLIN BLVD	Received
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.				by Office
Manager/Member Name	Business Address	· · · · · · · · · · · · · · · · · · ·	City, State, Zip	
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Mgr				daho Secre
(5) Signature:	(6) [	Date: 2	121/24	tar 
(7) Type/Print Name:	Jeren Anderson (8)	Title: Mens	es /	Y Pf

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